

Co-Neutral Commentary Six

Issued April 2016

Compromise and Settlement Agreement

(D.G. vs. Yarborough, Case No. 08-CV-074)

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I. Introduction

On January 4, 2012, the Oklahoma Department of Human Services (DHS) and Plaintiffs reached agreement in a long-standing federal class action lawsuit against the state of Oklahoma on behalf of children in the custody of DHS due to abuse and neglect by a parent or guardian. That matter, *D.G. vs. Yarborough*, Case No. 08-CV-074, resulted in the Compromise and Settlement Agreement (CSA), which was approved by the United States District Court for the Northern District of Oklahoma on February 29, 2012. The CSA requires (Section 2.10 (a)) that DHS develop a plan setting forth “specific strategies to improve the child welfare system.” Under the CSA, the parties identified and the court approved Eileen Crummy, Kathleen Noonan, and Kevin Ryan as “Co-Neutrals,” and charged them to evaluate and render judgment about the ongoing performance of DHS to strengthen its child welfare system to better meet the needs of vulnerable children, youth, and families. The CSA states specifically (Section 2.10 (i)) that, “Twice annually, the Co-Neutrals shall provide commentary regarding the Department’s overall progress as reflected by the [data] reports and shall provide commentary as to whether the Department is making good faith efforts pursuant to Section 2.15 of the Settlement Agreement.”

DHS, with the assistance of state leaders, advocates, and other stakeholders, developed the Pinnacle Plan, which contains significant commitments to be implemented beginning in State Fiscal Year (SFY) 2013. The Co-Neutrals approved the Pinnacle Plan on July 25, 2012.

The CSA charged DHS with identifying baselines and Target Outcomes to measure and report the state’s progress in core performance areas, which are grouped in the following seven performance categories:

- Maltreatment (abuse and neglect) of children in the state’s legal custody (MIC);
- Development of foster homes and therapeutic foster homes (TFCs);
- Regular and consistent visitation of caseworkers with children in the state’s legal custody;
- Reduction in the number of children in shelters;
- Placement stability, reducing the number of moves a child experiences while in the state’s legal custody;
- Child permanency, through reunification, adoption or guardianship; and,
- Manageable caseloads for child welfare staff.

As required by the CSA, the Co-Neutrals and DHS established the Metrics, Baselines, and Targets Plan (the “Metrics Plan”) on March 7, 2013. For each of the seven performance categories, the Metrics Plan establishes: the methodology for the performance metrics and measuring progress; parameters for setting baselines; interim and final performance targets

and outcomes; and the frequency by which DHS must report data and information to the Co-Neutrals and the public.

Appendix A provides a summary chart of the metrics for the seven performance areas, with corresponding baselines and targets, established by DHS and the Co-Neutrals, and updated through September 2015.¹

The CSA further requires the Co-Neutrals to provide commentary and issue a determination as to whether DHS' data submissions provide sufficient information to measure accurately the department's progress. The Co-Neutrals have previously found data sufficiency for all the CSA performance areas and data metrics. Pursuant to the CSA, the Co-Neutrals may revise any determination of data sufficiency based on subsequent or ongoing data submissions as deemed appropriate.

This document serves as the Co-Neutrals' Sixth Commentary under the CSA and reflects DHS' performance, data, and information available through December 2015. In numerous instances, as described in this report, data and information are only available through September 30, 2015 (due to reporting lags or intervals agreed upon previously by the Co-Neutrals and DHS). In addition, in some instances, the Co-Neutrals report on more recent decisions or activities by DHS to reflect, when possible, the most current view of the reform.

II. Summary of Progress and Challenges Ahead

Investments in Child Welfare Reform

From the beginning, the Co-Neutrals have advised DHS that substantial and sustained progress toward the performance targets under the CSA requires that caseworkers have manageable caseloads. DHS began to show meaningful progress toward reasonable caseloads late in 2014, and continued to do so through the most recent period. For this reason, it is deeply concerning that DHS may not maintain all planned activities in this reform effort due to Oklahoma's reported revenue failures. The gains made by DHS since 2012 are fragile, and in many instances have not taken root firmly within the agency. Following the investment of new resources to set this agency on a trajectory of reform, it could be a shattering setback for children, DHS, and this reform, if efforts now halt and progress is reversed. The Co-Neutrals strongly urge DHS and its

¹ Under Section 2.10(f) of the CSA, the Co-Neutrals shall issue Baseline and Target Outcomes, which shall not be subject to further review by either party but may at the discretion of the Co-Neutrals, after providing the parties an opportunity to comment, be revised by the Co-Neutrals.

state partners to continue to implement DHS' child welfare core strategies in order to improve the safety, well-being and permanency of children in DHS' custody.

Progress and Challenges

As a result of its efforts, DHS reports progress through December 31, 2015 in several areas identified for improvement in the CSA. At the same time, the department continues to face challenges in other areas. The following highlights accomplishments DHS achieved for Oklahoma's children since the last report period:

- *Caseworker Visitation with Children:* DHS continues to report strong performance in the area of caseworkers completing required monthly visits with the children assigned to them. For Metrics 3.1 and 3.2, DHS' performance continues to exceed the target, demonstrating the commitment by caseworkers to see the children in their caseloads at least monthly. For the second time, DHS reported on the metric that measures the percent of children who had six consecutive visits with the same primary worker. For this metric, the most rigorous for caseworker visits, DHS continued to improve from last period and is expected to further improve if DHS continues to stabilize its workforce and reduce the turnover of caseworkers.
- *Reduction in Shelter Usage Statewide.* Since the last report period, DHS has successfully closed the first of its two state-operated shelters, and is in the final stages of closing the second. Through the closure of the state-operated shelters and DHS' efforts to place fewer children in shelters, DHS reported this period significant reductions in the number of children in every age-group who experienced a shelter stay. For children ages 13 and older, the number of children who experienced a shelter stay dropped for the first time below the starting baseline.
- *Substantial Improvements in Caseloads:* During this report period, DHS continued to make substantial improvements in reducing caseload sizes for child welfare workers. Through a concentrated focus on managing, hiring, training and retention, DHS increased the percent of workers meeting the caseload standard by 26.6 percentage points between December 2014 and December 2015. This is four times the progress DHS reported over the first two and a half years of the reform. DHS also made significant gains on its commitment to provide new workers with graduated caseloads, with almost 80 percent of new staff eligible for graduated caseloads meeting their

graduated caseload standard at the end of this period. Ensuring caseworkers have manageable caseloads is fundamental to the success of the reform.

- *Increased Number of Children who Achieved Permanency through Adoption.* DHS made good faith efforts to finalize adoptions for children who are legally free living with identified adoptive families. In January 2015, DHS identified a cohort of 795 children who met these criteria (legally free in an identified adoptive placement) and began to systematically review their cases and address any barriers to complete the permanency process for these children. DHS reported that by March 2016, 751 children (94 percent) in the cohort achieved permanency as a result of this structured review process.

The Co-Neutrals observed the following challenges, among others, during this report period:

- *Maltreatment of Children who are in the State's Custody.* The rate of child maltreatment in care in Oklahoma is unacceptably high, among the highest in the nation. The Co-Neutrals have long stressed that achieving manageable caseloads and developing a robust pool of family foster homes are essential for DHS to substantially reduce child maltreatment in care. The department began in the later part of this report period to introduce certain policy, practice and system changes to protect the safety and well-being of children in DHS' custody. Because child safety is fundamental to this reform effort, implementing these new strategies, and making adjustments as necessary to protect children in DHS' custody from abuse and neglect must be the department's top priority.
- *Inadequate Supply of Therapeutic Foster Homes for Children (TFCs).* During this report period, the waiting list for children in need of a placement in a TFC home persisted, while a significant number of existing TFC homes also continued to sit vacant. Further, DHS continues to struggle to build its pool of therapeutic foster homes and to achieve net gains of available TFCs, as well as to develop an efficient process to manage its TFC resources with its TFC partner agencies.
- *Lack of Permanency for Older Youth.* DHS has not made adequate efforts to improve permanency outcomes for youth ages 13 and older. Performance on Metric 6.4, which measures the number of youth who are legally free and 16 years of age and older who exit to permanency by age 18, remained below the baseline this period as a high number of older youth continue to exit care at 18 years of age without a permanent family.

- *Increased Placement Instability for Children.* Children experienced greater placement instability during this report period on each of the placement stability metrics when compared to the last period. For Metric 4.1a, in particular, DHS reports a marked drop in performance from the last period when 77.2 percent of children experienced no more than two placements within their first year in DHS custody to only 71.3 percent this period – a drop of 5.9 percentage points.

The CSA requires the Co-Neutrals to determine whether DHS has “made good faith efforts to achieve substantial and sustained progress” toward a Target Outcome. This standard requires more than an assessment of DHS’ intentions but necessarily requires a conclusion by the Co-Neutrals that is based on an analysis of the activities undertaken and decisions made by DHS and the impact of those decisions and activities on achieving substantial and sustained progress toward a Target Outcome. For example, the Co-Neutrals have focused their review and assessment of DHS’ timeliness and thoroughness to implement, evaluate and, when needed, adjust core strategies in order to inform their judgment of whether the department has made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes.

The CSA requires the Co-Neutrals to report on those Target Outcomes that DHS has met, those for which the department has achieved sustained, positive trending toward the Target Outcomes, and those Target Outcomes for which DHS has not achieved sustained, positive trending. The following table summarizes the Co-Neutrals’ findings of DHS’ progress toward the Target Outcomes and, separately, the Co-Neutral’s assessment of DHS’ efforts for each of the performance metrics assessed during this report period.

Table 1: Summary of Target Outcomes

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome	Page in Report
1. MALTREATMENT IN CARE (MIC)				
1.A: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by a foster parent or facility staff member in a 12 month period.	Target is due June 30, 2016	No	Reserving Judgment	64
1.B: Of all children in legal custody of DHS during the reporting period, what number and percent were not victims of substantiated or indicated maltreatment by a parent and what number were victims.	Target is due June 30, 2016	Yes	Reserving Judgment	65
2. FOSTER AND THERAPEUTIC FOSTER CARE (TFC) HOMES				
2.A: Number of new foster homes (non-therapeutic, non-kinship) approved for the reporting period.	SFY16 Interim Target – No	No	Yes	18
Net gain/loss in foster homes (non-therapeutic, non-kinship) for the reporting period.	SFY16 target is due June 30, 2016.	No	Yes	21
2.B: Number of new therapeutic foster homes (TFC) reported by DHS as approved for the reporting period.	SFY16 Interim Target – No	No	No	29
Net gain/loss in TFC homes for the reporting period.	SFY16 target is due June 30, 2016.	No	No	30
3. CASEWORKER VISITS				
3.1: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between caseworkers and children in foster care for at least one calendar month during the reporting period.	Yes	Yes	Yes	68
3.2: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between primary caseworkers and children in foster care for at least one calendar month during the reporting period.	Yes	Yes	Yes	69

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome	Page in Report
3.3b: The percentage of children in care for at least six consecutive months during the reporting period who were visited by the same primary caseworker in each of the most recent six months, or for those children discharged from DHS legal custody during the reporting period, the six months prior to discharge.	Target of 65% is due June 30, 2016	Yes	Yes	70
4. PLACEMENT STABILITY				
4.1a: Percent of children in legal custody of DHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 8 days but less than 12 months, the percentage that had two or fewer placement settings.	Target is due June 30, 2016	No	Reserving Judgment	72
4.1b: Percent of children in legal custody of DHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 12 months but less than 24 months, the percentage that had two or fewer placements.	Target is due June 30, 2016	No	Reserving Judgment	72
4.1c: Percent of children in legal custody of DHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 24 months, the percentage that had two or fewer placement settings.	Target is due June 30, 2016	No	Reserving Judgment	72
4.2: Of those children served in foster care for more than 12 months, the percent of children who experienced two or fewer placement settings <i>after</i> their first 12 months in care.	Target is due June 30, 2016	No	Reserving Judgment	72
5. SHELTER USE				
5.1: The number of child-nights during the past six months involving children under age 2 years.	No	Yes	Yes	50

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome	Page in Report
5.2: The number of child-nights during the past six months involving children age 2 years to 5 years.	No	Yes	Yes	50
5.3: The number of child-nights during the past six months involving children age 6 years to 12 years.	No	Yes	Yes	51
5.4: The number of child-nights during the past six months involving children ages 13 years or older.	No	No	Yes	52
1.17: Percent of children 13 and older in a shelter who stayed less than 30 days and no more than one time in a 12-month period.	No	No	Yes	52
6. PERMANENCY				
6.1: Of all children who were legally free but not living in an adoptive placement as of January 10, 2014, the number of children who have achieved permanency.	Target is due June 30, 2016	Yes – for children ages 12 and under	Yes – for children ages 12 and under	79
		No – for children ages 13 and older	No – for children ages 13 and older	79
6.2a: The number and percent of children who entered foster care 12-18 months prior to the end of the reporting period who reach permanency within one year of removal, by type of permanency.	Target is due June 30, 2016	No	Yes	86
6.2b: The number and percent of children who entered their 12 th month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency.	Target is due June 30, 2016	No	Yes	87
6.2c: The number and percent of children who entered their 24 th month in foster care between 12-18 months prior to end of reporting period who reach permanency within three years of removal, by type of permanency.	Target is due June 30, 2016	No	Yes	88

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome	Page in Report
6.2d: The number and percent of children who entered their 36 th month in foster care between 12-18 months, prior to the end of the reporting period who reach permanency within four years of removal.	Target is due June 30, 2016	Yes	Yes	88
6.3: Of all children discharged from foster care in the 12 month period prior to the reporting period, the percentage of children who re-enter foster care during the 12 months following discharge.	Target is due June 30, 2016	Yes	Yes	90
6.4: Among legally free foster youth who turned 16 in the period 24 to 36 months prior to the report date, the percent that exited to permanency by age 18; stayed in foster care after age 18, and exited without permanency by age 18.	Target is due June 30, 2016	No	No	82
6.5: Of all children who became legally free for adoption in the 12 month period prior to the year of the reporting period, the percentage who were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	Target is due June 30, 2016	No	Yes	91
6.6: The percent of adoptions that did not disrupt over a 12 month period, of all trial adoptive placements during the previous 12 month period.	Target is due June 30, 2016	No	No	92
6.7: The percent of children whose adoption was finalized over a 24 month period who did not experience dissolution within 24 months of finalization.	Target is due June 30, 2016	Yes	Yes	92
7. CASELOADS				
Supervisors	No	Yes	Yes	42
Caseworkers	No	Yes	Yes	38

Methodology

To prepare this report, the Co-Neutrals conducted a series of verification activities to evaluate DHS' progress and implementation of its commitments. These activities included regular meetings with DHS leadership and staff, private agency leadership, and child welfare stakeholders. The Co-Neutrals also reviewed and analyzed a wide range of aggregate and detailed data produced by DHS, and child and foster home records, policies, memos, and other internal information relevant to DHS' work during the period.

The remainder of this report includes:

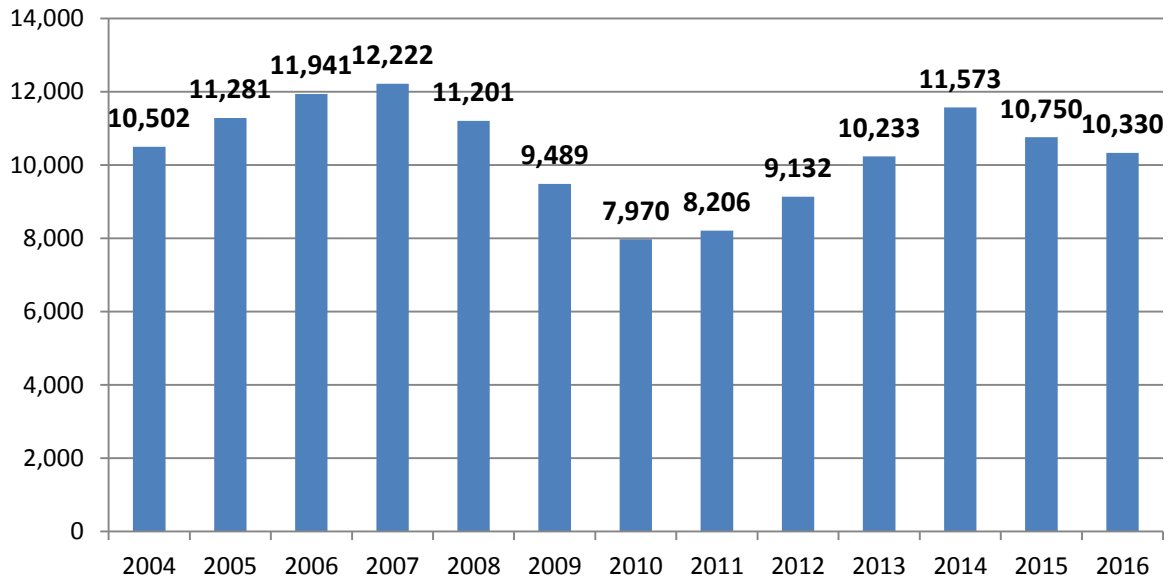
- Context Data of Children in DHS Custody (Section III);
- Core Strategies (Section IV);
- Seven Performance Categories: Assessment of Progress and Good Faith Efforts (Section V);
- Appendices; and,
- Glossary of Acronyms.

III. Context Data of Children in DHS Custody

As DHS' data shows in Figure 1 below, the number of children in care over the last decade has significantly fluctuated from a high of 12,222 children in care in 2007 to a low of 7,970 children in care in 2010.² Between the years 2010 and 2014, DHS experienced a sharp 45 percent increase in the number of children in care. For the first time in the last five years, the number of children in care at the end of the state fiscal year (June 30, 2015) dropped from the previous year. On June 30, 2014, there were 11,573 children in care and on June 30, 2015 there were 10,750 children in care, representing a seven percent drop between the two points in time. DHS' data shows a further drop to 10,330 children in care as of December 31, 2015, which represents an 11 percent decrease since June 30, 2014.

² The data reflected in Figure 1 is point in time data from the end of each state fiscal year (June 30th). The number of children in care for 2016 reflects children in care on December 31, 2015. The final number of children in care for SFY16 will be gathered on June 30, 2016.

Figure 1: Number of Children in DHS Custody at the End of SFY - 2004 to 2016



Source: DHS Data

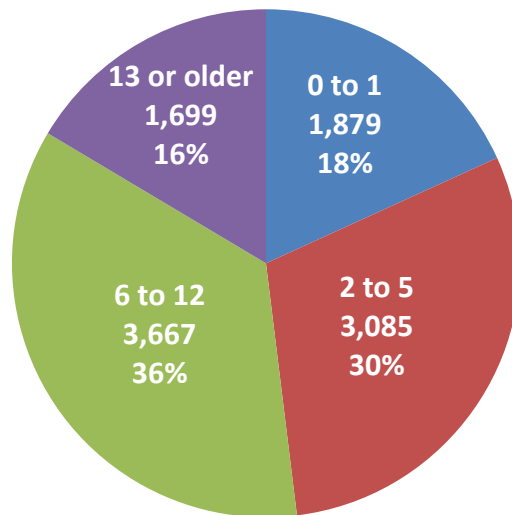
Demographics

DHS reported there were 10,330 children in custody as of December 31, 2015, while there were 10,750 children in custody on July 1, 2015.³ During the reporting period from July 1, 2015 to December 31, 2015, 2,518 children entered care and 2,938 children exited care.

Young children aged zero to five years make up the largest portion (4,964 or 48 percent) of children in care. Children aged 6 to 12 years comprise 36 percent (3,667) of the population in care and sixteen percent (1,699) are 13 years or older, as detailed in Figure 2 below:

³ In the prior Commentary, the Co-Neutrals' reported that there were 10,756 children in care on June 30, 2015. Due to data entry lag and the merge of duplicate identification numbers for the same child, DHS data now indicates that 10,750 children were in care on June 30, 2015.

Figure 2: Children in Care on December 31, 2015 by Age Group (Total=10,330)



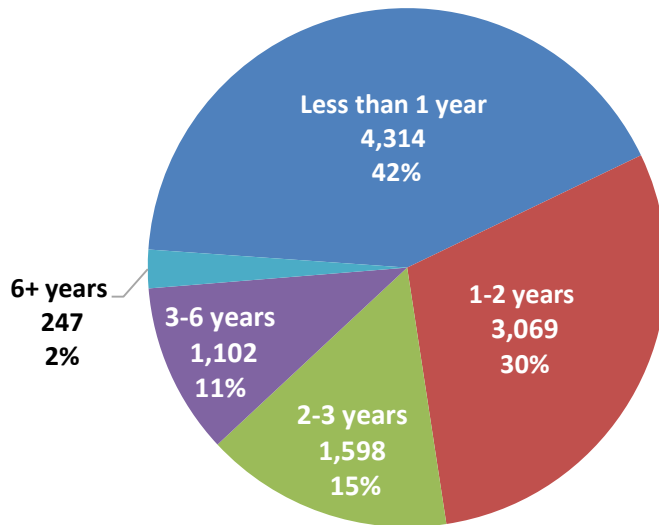
Source: DHS Data

With regard to gender, the population is split almost equally — 51 percent male and 49 percent female. With regard to race, the population of children is 38 percent White, nine percent African-American, and seven percent Native American. In addition, 18 percent of children identified with Hispanic ethnicity (and can be of any race). Twenty-eight percent identified with multiple race and ethnicity categories, of which 73 percent identified as Native American.⁴

As presented in the Figure 3 below, DHS' data shows that of the children in care on December 31, 2015, 42 percent (4,314) were in care for less than one year; 30 percent (3,069) between one and two years; 15 percent (1,598) between two and three years; 11 percent (1,102) between three and six years; and two percent (247) for more than six years.

⁴ Overall, 33 percent of children identified as Native American including those children who identified with more than one race and ethnicity category and those identified as Hispanic.

Figure 3: Children in Care on December 31, 2015 by Length of Stay (Total=10,330)

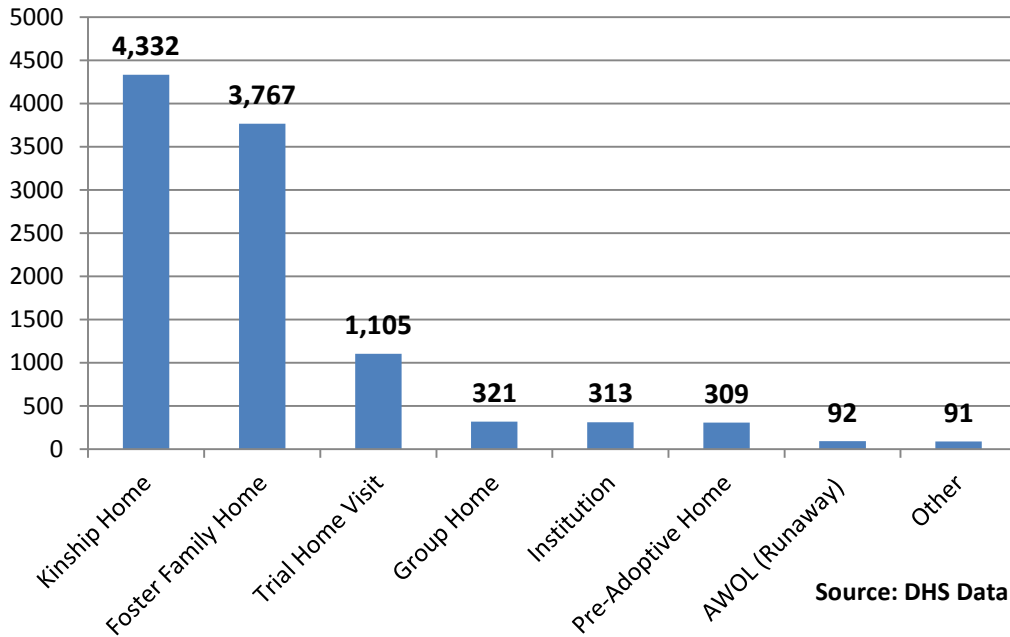


Source: DHS Data

As the following figure demonstrates, 92 percent of children (9,513) in DHS custody on December 31, 2015 live in family settings, including in relative and non-relative kinship homes (42 percent), with foster families (36 percent), with their own parents (11 percent), and in homes that intend to adopt (three percent). Of children in custody, 634 (six percent) live in institutional settings, including shelters, residential treatment and other congregate care facilities. The remaining two percent reside in unidentified placements (listed as other in Figure 4 below) or are AWOL (runaway).⁵

⁵ Percentages in this paragraph may not add up to totals due to rounding.

Figure 4: Children in Care on December 31, 2015 by Placement Type



Of the 9,513 children living in family settings, 1,858 (20 percent) are less than two years old, 3,049 (32 percent) are 2 to 5 years old, 3,442 (36 percent) are 6 to 12 years old, and 1,164 (12 percent) are 13 years or older. Of the 634 children living in institutional settings, 11 (two percent) are less than two years old, 13 (two percent) are 2 to 5 years old, 192 (30 percent) are 6 to 12 years old, and 418 (66 percent) are 13 years or older.⁶

IV. Core Strategies

Over the last year, DHS developed and began to implement core strategies intended to help DHS increase the focus and pace of its efforts to achieve progress under the CSA. At the end of 2014, the Co-Neutrals urged DHS to develop these strategies to concentrate the department’s resources on activities that could achieve significant improvements toward the Target Outcomes established for each performance area. As previously noted, the core strategies do not replace the Pinnacle Plan, which DHS continues to use to guide its child welfare system improvements over time, but the core strategies provide a focused set of tasks designed to steer DHS towards substantial and sustained progress if implemented.

DHS has been implementing some of the core strategies throughout 2015, with progress toward manageable caseloads a prime example of an area where good faith efforts have led to

⁶ Percentages in this paragraph may not add up to totals due to rounding.

increasingly improved results. Implementation of other strategies did not begin until late 2015, with some efforts started only as pilots in specific areas of the state. For these more recent efforts and core strategies, it is not yet possible to observe the impact or draw conclusions about the quality of DHS' implementation work. DHS will need to evaluate continuously the efficacy of these strategies to achieve substantial and sustained progress toward the Target Outcomes and to make timely adjustments as necessary to advance better outcomes for children in Oklahoma.

V. Seven Performance Categories: Assessment of Progress and Good Faith Efforts

In this section, as required by the CSA, the Co-Neutrals review the seven performance categories under the CSA, providing commentary on DHS' overall progress and its efforts to achieve substantial and sustained progress toward each Target Outcome. As described in Table 1 (Summary of Target Outcomes and Good Faith Efforts) and Appendix A, not all performance categories and their corresponding metrics have a Target Outcome that was due before the end of this report period, which runs through December 31, 2015.

A. Foster Care

DHS committed in the Pinnacle Plan to develop a robust and diverse pool of traditional foster homes sufficient to achieve sustained positive outcomes for children, including reduced shelter use, timely permanency, and increased safety and placement stability for children and youth in custody. Specifically, the Pinnacle Plan provides:

“OKDHS must have an **adequate number of resource parents**. OKDHS has not been able to meet this need in the past, but that is going to change. Improvement in this area is critical and addresses many of the 15 performance areas. If **every child has the right resource family**, a reduction in abuse and neglect in care, placement instability, shelter care utilization, failed adoptions, and older youth aging out of the system without a permanent family will be achieved.”

For three and a half consecutive state fiscal years beginning in SFY13, DHS has set annual targets to develop new foster homes, seeking to achieve substantial gains in the state's pool of family-based placements. As noted in previous reports by the Co-Neutrals, DHS did not meet its annual or net gain targets for foster and TFC homes in SFY13, SFY14 or SFY15 and struggled to gain the momentum necessary to sustain the level of growth in new homes required to

provide a robust pool of safe and stable homes for the growing number of children in its custody. (See Figure 1 for number of children in DHS custody from 2014-2016).

DHS developed a total of 2,300 new traditional non-kin foster homes in the previous three state fiscal years and developed an additional 385 homes in the first six months of the current fiscal year (SFY16) for a total of 2,685 new homes. However, the number of new homes developed each year must significantly outpace the number of homes that close in order to meet the individual needs of children in care. On July 1, 2013, DHS reported a baseline of available traditional foster homes at 1,693. DHS most recently reported a January 1, 2016 baseline of available traditional foster homes at 1,961 homes, representing a net gain of 268 homes over two and a half years.⁷

Through ongoing data verification and corrections made to DHS' data management process, DHS and the Co-Neutrals have made adjustments to the baselines reported in previous DHS reports and Co-Neutral Commentaries to move toward an accurate accounting of foster homes. This includes removing from the baselines a substantial number of homes that serve as temporary placements (e.g., emergency, shelter host, and respite homes). As such, the change in the baseline of available foster homes from July 1, 2013 to January 1, 2016 does not represent a straight equation of adding new homes developed and subtracting the number of homes that have closed.

FY16 - Foster Home Targets and Performance

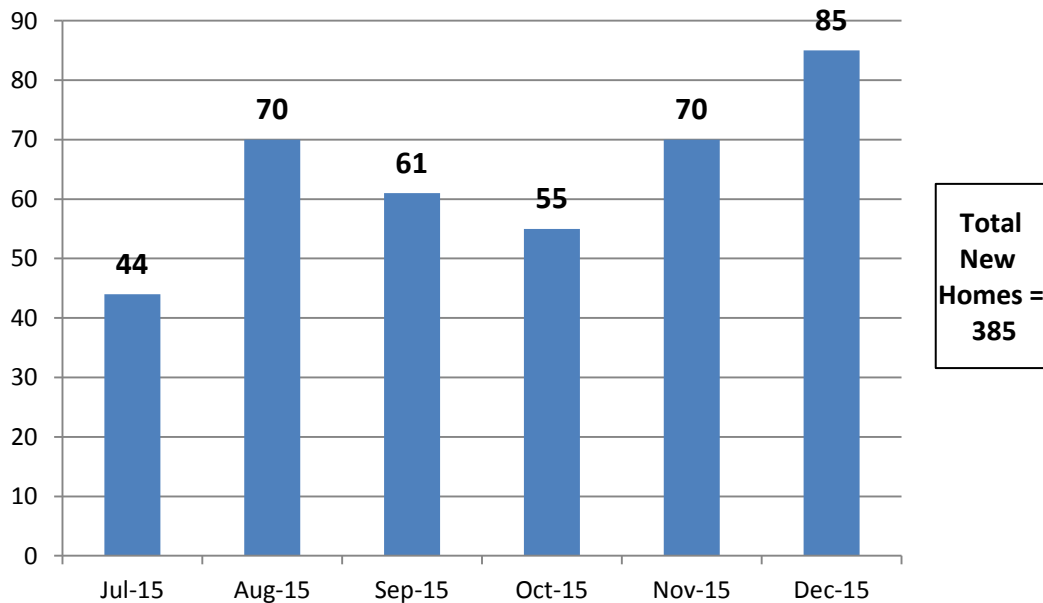
Under the CSA, the Co-Neutrals are authorized to verify and confirm a baseline of available homes and approve DHS' performance targets. For SFY16, DHS proposed and the Co-Neutrals accepted a target of 1,054 new non-kin foster homes. An annual net-gain foster home target for this same period was established at 534 homes.

In order to track closely DHS' progress to meet its annual foster home targets during SFY16, the Co-Neutrals established an interim target of 527 new homes to be developed by December 31, 2015. DHS reported that it developed 385 new foster homes, 73 percent of the interim target during this six-month report period. DHS informed the Co-Neutrals during the reporting period that it did not anticipate being able to meet 50 percent (527) of the annual target by December 31, 2015. DHS proposed an alternative December 31, 2015 interim target of 369 new foster homes, which DHS did meet. Further, DHS expressed confidence that with additional time to gain momentum with DHS' newly expanded internal and external capacity, DHS expects to meet its final annual target of 1,054 new homes by June 30, 2016. To meet the annual target,

⁷The Co-Neutrals do not have a reliable baseline to report for July 1, 2012, the beginning of the reform effort, and therefore present the net gain over the two and a half year period from July 1, 2013 to January 1, 2016.

DHS will need to make efforts to achieve unprecedented strides, approving an average of 112 new homes each month from January through June 2016.

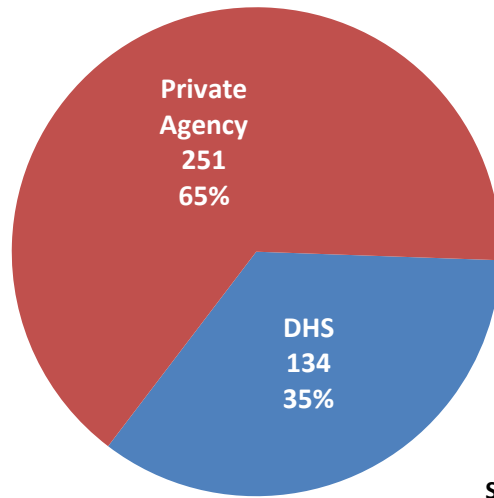
Figure 5: New Foster Care Homes Developed by Month, July 2015-December 2015



Source: DHS Data

Of the 1,054 new home annual target for SFY16, DHS initially projected that its private agency partners would develop 820 (78 percent) of the new homes and DHS would develop 234 (22 percent) of the homes. DHS dedicated additional public staff resources to develop new homes during this report period and now expects its foster care staff to develop more than the 234 homes previously planned in this fiscal year. During the first six months of SFY16, DHS developed 134 (35 percent) of the new homes and the private agencies developed 251 (65 percent).

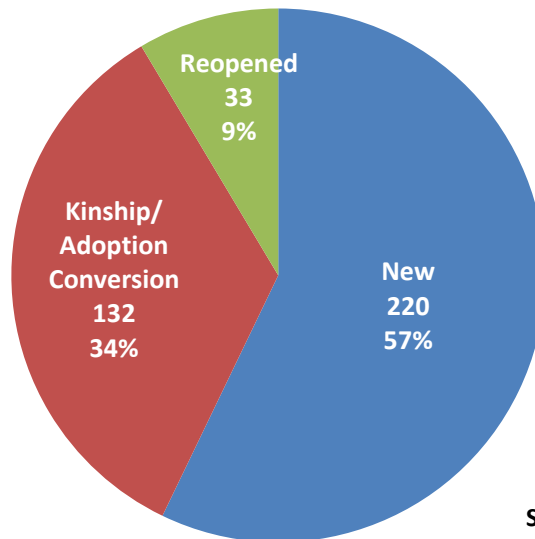
Figure 6: SFY16 New Foster Homes Developed by Agency (Total=385)



Source: DHS Data

Of the 385 foster homes approved from July to December 2015, 220 families (57 percent) were newly recruited by DHS and the private agencies, 132 homes (34 percent) were already approved by DHS as adoption or kinship homes and were then converted to traditional foster homes, and 33 (nine percent) were DHS resource homes⁸ that were closed for more than a year and reopened during this six-month period.

Figure 7: SFY16 New Foster Homes by Type (Total=385)



Source: DHS Data

⁸ DHS resource homes that are reopened could have been previously approved as a number of different types of DHS resources, including traditional, kinship, emergency foster care, TFC and DDS homes.

During SFY16, the Co-Neutrals established with DHS that, in order for a converted relative or adoptive home to count toward the new home target, DHS would need to engage in a formal conversion process with the family. The process requires DHS to provide relative and adoptive families with a clear understanding of the expectations of being traditional foster homes prior to the placement of non-kinship foster children into their homes. In order for DHS to count a conversion home toward the new home target, DHS must document in the home's resource file in KIDS that the conversion process was completed and that the family has accepted the placement of a non-kinship foster child into their home.⁹

The Co-Neutrals reviewed 100 of the 136 new conversion homes DHS reported for this six-month report period. The Co-Neutrals verified that all but one of the 100 converted homes accepted the placement of a non-kinship foster child after the new home was approved. Further, the KIDS file for 95 out of the 100 converted homes contained a conversion document. Two of the homes that did not contain a conversion document did contain contact notes stating that DHS did have a thoughtful discussion with the family about converting to a traditional home. While DHS must continue to work towards completing the conversion process in every case, the department has made great strides to systematically and successfully establish a process that ensures all families converting to traditional foster care receive the information and support necessary to provide stable foster care placements for children.

SFY16 - Net Gain Target and Performance

Every six months, DHS provides semi-annual baseline data that includes a point in time listing of all countable foster homes open on July 1 and January 1 so that the net change (gain or loss) in the total number of available foster homes between the two baseline dates can be calculated. In verifying DHS' July 1, 2015 baseline data in preparation for their last Commentary, the Co-Neutrals found that DHS included respite homes in its total of countable foster homes, as well as its count of new homes. As reported in the Co-Neutrals' October 2015 Commentary, respite homes are important resources to support foster parents; however, respite homes are not established to provide stable ongoing placements for children and were never contemplated to be counted as traditional foster homes in the new home or baseline count. As a result, the Co-Neutrals adjusted DHS' new home count and July 1, 2015 baseline of open homes by removing 105 homes identified as respite-only.¹⁰

⁹ The total of new homes reported by DHS will fluctuate, most likely increase, overtime because the criteria for counting new homes does not allow DHS to count a new converted home until the home has accepted the placement of a non-kin child. DHS retroactively counts these homes in the month they were approved once a placement occurs.

¹⁰ DHS and the Co-Neutrals made additional adjustments in the new home and baseline totals calculated at the beginning of SFY16 to account for other categories of homes that DHS and the Co-Neutrals came to agree should not be counted as new or in the baseline. The largest number of homes removed (149) represented placements

As noted in the last Commentary, the Co-Neutrals urged DHS to review all homes designated as respite-only in their system because of the very high vacancy rate reported in these homes, including long-standing vacancies extending beyond three months. During this report period, the Co-Neutrals learned from DHS that department staff often incorrectly designate foster homes as “respite-only” when homes request a temporary break in placements. DHS also advised the Co-Neutrals that it needs to make changes to its KIDS data system to provide caseworkers with the appropriate options to assign, manage and account for homes in the categories that most accurately identify their availability to serve as placement resources, including when a home has requested a temporary reprieve from accepting placements.

In reviewing DHS’ January 1, 2016 baseline data of all open countable foster homes, the Co-Neutrals found that 129 homes were listed as respite-only. DHS has completed a detailed review of all 129 of these homes and reports that 108 are interested in serving as respite-only homes. The other 21 homes want to continue to serve as stable, traditional placements and DHS has adjusted the KIDS records for these homes to reflect that they are not respite-only homes but instead are regular, traditional foster homes experiencing a temporary break in service.

DHS and the Co-Neutrals have made a number of adjustments to DHS’ accounting of its pool of resource homes as part of an ongoing, in-depth analytic review of the department’s processes for managing its data and resource homes. The result is that DHS is much closer to an accurate accounting of the pool of families available to serve children in DHS custody, which was not available to the department prior to the CSA.

After making the necessary corrections to homes designated as respite-only, DHS’ data shows a starting baseline of 1,854 open and countable non-kin foster homes on July 1, 2015 and 1,961 countable foster homes open on January 1, 2016, resulting in a mid-fiscal year net gain of 107 homes, which is 20 percent of the SFY16 annual net gain Target Outcome of 534 foster homes.

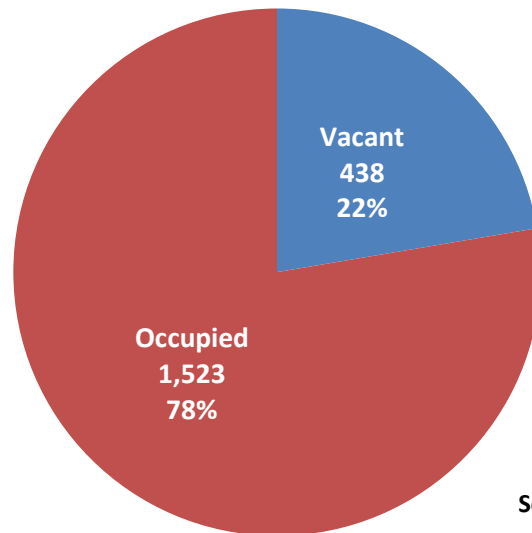
During this six-month period, DHS data shows that 332 of the 1,854 homes open at the beginning of SFY16 (July 1, 2015) closed by December 31, 2015, representing an 18 percent closure rate. In addition, six of the 385 newly approved homes opened and closed in the same six-month period for a two percent closure rate of new homes.

within existing TFC homes, not additional, distinct foster homes. These non-TFC placements are created for specific children (usually siblings) within existing TFC homes in order to keep siblings together.

Vacant Foster Homes – Rates and Duration

In every Commentary, and in discussions with DHS, the Co-Neutrals have raised questions and concerns regarding the length of time some foster homes have remained vacant considering the ongoing shortage of foster homes in Oklahoma. Of the 1,961 non-kin foster homes listed as open on January 1, 2016, 1,523 (78 percent) were occupied and 438 (22 percent) were vacant.

Figure 8: Occupancy Rate of Foster Homes (Total=1,961)



Source: DHS Data

The table below shows the length of time these 438 homes remained vacant of any children in DHS custody. One hundred and eighteen (27 percent) of these 438 homes were vacant for at least three months and 47 (11 percent) were vacant at least six months. Again, while the Co-Neutrals understand that there are legitimate reasons why foster parents are unavailable for placements for periods of time, DHS will need to continuously communicate with these families at regular intervals to assess if the homes should remain in its pool of open foster homes.

Table 2: Status of Vacant Foster Homes as of January 1, 2016¹¹

Home Status	No.	Percent
Vacant 1-30 days	195	45%
Vacant 31-90 days	125	29%
Vacant 91-182 days	71	16%
Vacant 6 months - 1 year	40	9%
Vacant 1 year or more	7	2%
Total Vacant	438	100%¹²

DHS Strategies to Build Capacity and Expand Available Foster Homes

In SFY14, DHS transitioned its public foster home system to a public-private agency system by contracting with four private agencies in an effort to build the state’s capacity to develop and support Oklahoma’s traditional foster homes. To meet its SFY14 new foster home target, DHS’ plan was to rely primarily on the four new private agencies to recruit, develop and support homes. As the Co-Neutrals reported in previous Commentaries, challenges arose for both DHS and the private agencies during this transition that negatively impacted the state’s ability to meet its SFY14 targets.

During SFY15, DHS further expanded its private agency partnerships and began to implement a set of core strategies designed, in part, to help DHS analyze system barriers that had impeded the successful and timely development of new foster homes. As a result of its work to identify barriers, DHS began to implement solutions to improve performance. Although DHS did not meet its annual or net gain targets set for SFY15, the Co-Neutrals found that DHS’ leadership team was proactively engaged in the development, implementation and assessment of strategies to more effectively recruit, approve and support new foster families.

During the report period, DHS continued to expand its foster home capacity by opening up contracting to recruit and support new foster homes to all qualified and interested partner agencies. As a result, DHS now has in place foster home contracts with 18 private agencies, greatly increasing the potential for the development of additional new homes. With the assistance of national consultants, DHS provided training for the new agencies regarding data-driven targeted recruitment. DHS is utilizing data to understand the need for homes for children in its custody. New contracts require agencies to submit a targeted recruitment plan for the development of homes that is based on DHS data. DHS reports that all recruitment plans were finalized in April 2016.

¹¹ Twenty-four vacant foster homes were jointly approved as another type of resource (adoption, DDSD, etc.) and were occupied by children in those resource types on January 1, 2016.

¹² The percentage may not add to 100 due to rounding.

At the same time, DHS determined that, in light of the substantial and urgent need for new foster homes, the agency would expand its role, not only as the contractor of services with private agencies, but also by directly participating in the recruitment and development of new homes. As such, DHS established during the report period, 30 new public agency positions to work collaboratively with the private agencies and to directly recruit and develop foster homes. Five new recruitment units have been established across the state (one per region), each containing five recruiters and one supervisor. With the assistance of its consultants, each unit received specialized training regarding foster home recruitment, the use of data and the development of regional recruitment plans. DHS has established targets for weekly, monthly and quarterly activities for its new recruitment staff as part of the department's initial recruitment plan for the regional units. As of March 2016, each region had developed a recruitment plan that reflected its district specific foster home needs.

Recruitment of Foster Families

In November 2015, DHS launched its OK Fosters recruitment campaign to bring statewide attention to the need for stable, loving homes for children in DHS custody and to encourage Oklahoma's families to open their homes to these children. DHS announced and developed this initiative with the commitment and public voice of Oklahoma's Governor, as well as the support of the faith community and other community partners. The kick-off events for this campaign in both Oklahoma City and Tulsa received widespread public support and media coverage, which DHS reports resulted in a substantial increase in inquiries from families interested in becoming foster parents. DHS continues to track and monitor the source of its foster parent inquiries overall and specifically for the OK Fosters campaign in order to determine the effectiveness of this statewide recruitment strategy. DHS reports that in the first two months since inception, 290 inquiries were received by DHS as a direct result of the OK Fosters campaign. It will be important for DHS to ensure that processes are in place to respond timely to families who contact OK Fosters and to support families through the inquiry and approval process.

DHS also continued to implement core strategies it developed in 2015 to identify and resolve barriers preventing families from moving through the home approval process in a timely manner. One component of this strategy includes a "Barrier Buster" workgroup comprised of foster parents and representatives from the private agencies, tribes and other partners to survey the entire approval process, from initial inquiry to approval, for any system-wide challenges or inefficiencies. In a focused approach, DHS also reviews weekly all pending foster home applicants in the pipeline to identify any home-specific barriers that are unnecessarily preventing a family from moving to the next stage of the approval process. This weekly review includes DHS staff conferencing by phone or on-site with the private agencies to discuss and resolve any unreasonable roadblocks holding up the approval of safe, appropriate homes, as

well as to review each agency's progress in meeting its monthly goals for new home development. The Co-Neutrals believe that this level of effort will continue to be required to ensure that a family's experience through the foster home approval process is supportive and seamless.

Supports for Foster Families

In the foster care core strategies, DHS committed to identify and implement specific supports to increase the recruitment and retention of foster families. To gain a broad array of input, DHS established a Foster Parent Support Workgroup that includes foster parents, DHS child welfare staff and representatives of tribes, foster care private agencies and other community partners and foster parent advocates. The workgroup is comprised of four sub-workgroups to address the following issues: 1) foster parent involvement in case planning; 2) foster parents' access to staff support during periods of crisis; 3) access to respite care; and 4) creating opportunities for contact and interaction with other foster families. The workgroup first met on December 18, 2015 and is scheduled to meet monthly. The goal is to have specific tasks and deliverables clearly identified at the end of each meeting so that concrete action steps can be tracked and implemented to improve the experience and retention of foster families.

Over the last year, DHS has worked to develop an internal campaign known as, "Support Is Everyone's Job," to train every member of DHS' child welfare staff to recognize the important role each of them plays in creating a positive and collaborative relationship with Oklahoma's foster parents. In February 2016, DHS began in Region 4 to implement the campaign, which includes a two-hour presentation and panel discussion with foster parents. Over the next months, DHS will continue to train staff across the state.

To assess the effectiveness of its strategies to provide more support to foster parents, DHS committed to have every foster care field manager and supervisor call two randomly selected foster families each month to complete a customer service survey. DHS reports that it developed a database, which went live in February 2016, and allows DHS to consistently collect and analyze information gathered from foster parents. The information and data gleaned from the surveys will be provided to both foster care leadership and the Foster Parent Support workgroup to address any concerns and make adjustments, as necessary, to ensure that DHS is providing the support and resources most important to maintain a stable and committed pool of foster homes.

As the Co-Neutrals have noted in earlier Commentaries, respite-only homes serve as an important resource to support traditional and TFC foster parents. DHS has reported that it has significant work to do to improve how it manages and tracks these support services and

connects foster parents to respite caregivers. The Co-Neutrals will monitor and report on how DHS and its workgroup improve efforts to manage and maximize the use of its respite homes, including reducing the number of respite-only homes that are vacant for extended periods of time.

It is widely accepted in the child welfare field that foster parents are the most important spokespersons and recruiters for any foster care system. As such, treating foster parents as respected partners and providing the information, supports and resources they need in a timely fashion is essential, not only to retain their service, but also to recruit more families. The Co-Neutrals will report on DHS' implementation of its strategies to improve retention in their next Commentary.

Integration of Foster and Adoption Homes Programs

As the Co-Neutrals discussed in the previous Commentary, DHS has operated two systems to approve and manage, separately, foster and adoption homes, which has created the potential for under-utilization of Oklahoma's family-based resources, as well as the inefficient use of DHS' staff resources. The Co-Neutrals encouraged DHS to evaluate any existing operational structures and practices that impede DHS' goals, and to implement changes designed to increase the number of placements available for children. During the report period, DHS reports that it received feedback from foster, kinship and adoptive families, as well as private agencies, that many agency processes and structures seem redundant and confusing due to the separation of foster and adoption home systems. As such, DHS has now committed to reconfigure the current staff structure, and to streamline processes by integrating more fully its foster care and adoption staff. DHS has established a workgroup charged with planning for the integration of its foster care and adoption programs. The Co-Neutrals understand that many systemic factors must be taken into consideration as DHS seeks to integrate the current systems, and that this process will and should take time. The Co-Neutrals are encouraged that DHS has undertaken this important work, and will report on progress toward implementation of a unified resource family model in the next Commentary report.

Foster Homes Needs Analysis

With the surge in the number of children in DHS' custody from SFY13 to SFY15, DHS was confronted with the critical need to develop as many safe, stable homes as possible, as quickly as possible. To date, this ongoing, urgent need for new homes in every area of the state has led DHS to focus on developing as many homes as it can, wherever it can. As a result, DHS has proposed annual foster home targets based primarily on the capacity that existed within the

child welfare system to develop new homes rather than based on a targeted foster home needs analysis. It should be noted, however, that over the last two years, DHS has increasingly worked to use and share with the private agencies data that reflects the needs of children in its custody in order to target foster home recruitment efforts.

As reported in the Co-Neutrals' last Commentary, DHS agreed to complete a comprehensive placement needs assessment by December 31, 2015. DHS completed a needs analysis for traditional foster homes only (not TFC or other higher level placements) at the conclusion of the report period. DHS reviewed historical data to analyze the number of homes that are needed to: create a robust pool of foster homes sufficient to make placement decisions based on the individual needs of children rather than on bed availability; place together sibling groups of various sizes that are currently separated; return to their home counties children currently living outside their counties of origin; and, provide family-based placements for children waiting to step down from higher level care. Based on a December 1, 2015 count of 1,933 open foster homes, DHS identified the need for an additional 2,407 homes for a total need of 4,340 traditional foster homes.¹³ While it is not possible for DHS to develop in a given year the total number of homes Oklahoma needs, DHS committed to establish new home targets that will push DHS to reach its goal in the next three years.

Good Faith Efforts

DHS acknowledges that foster home recruitment, approval and retention continue to be a challenge. However, the Co-Neutrals continue to find DHS' current foster care leadership team focused and willing to identify and correct long-standing practices that do not support DHS' foster home goals. During this report period, DHS' efforts were substantial: DHS expanded capacity in both the public and private agencies to recruit and develop new homes; DHS continued to work with private agency partners to resolve barriers to home development; DHS began to more effectively utilize data to drive decision-making; DHS completed a needs-based analysis for family based placements for children in the state's custody; DHS implemented a high profile statewide recruitment campaign to bring to light the need for many more foster homes for children in the state's custody; DHS began to address the need to enhance foster parent support to ensure retention; and DHS committed to and began the work to integrate its foster care and adoption programs into a unified resource family model. These efforts are significant. While DHS has much work ahead to meet the need for an expanded pool of family-based placements, DHS has been focused on building the foundation and creating the conditions for improved performance. Moving ahead, the Co-Neutrals will continue to evaluate

¹³ DHS is conducting a separate needs analysis for TFCs and higher level placements. The Co-Neutrals will report on this analysis in the next Commentary.

DHS' efforts to more fully implement the important initiatives that were started during this report period, and will evaluate how DHS monitors, tracks and adjusts, as it continues to implement its core strategies to achieve substantial and sustained progress.

The Co-Neutrals find that, although DHS has not achieved substantial and sustained progress in this performance area, DHS has made good faith efforts to achieve substantial and sustained progress toward the foster home Target Outcomes during this report period.

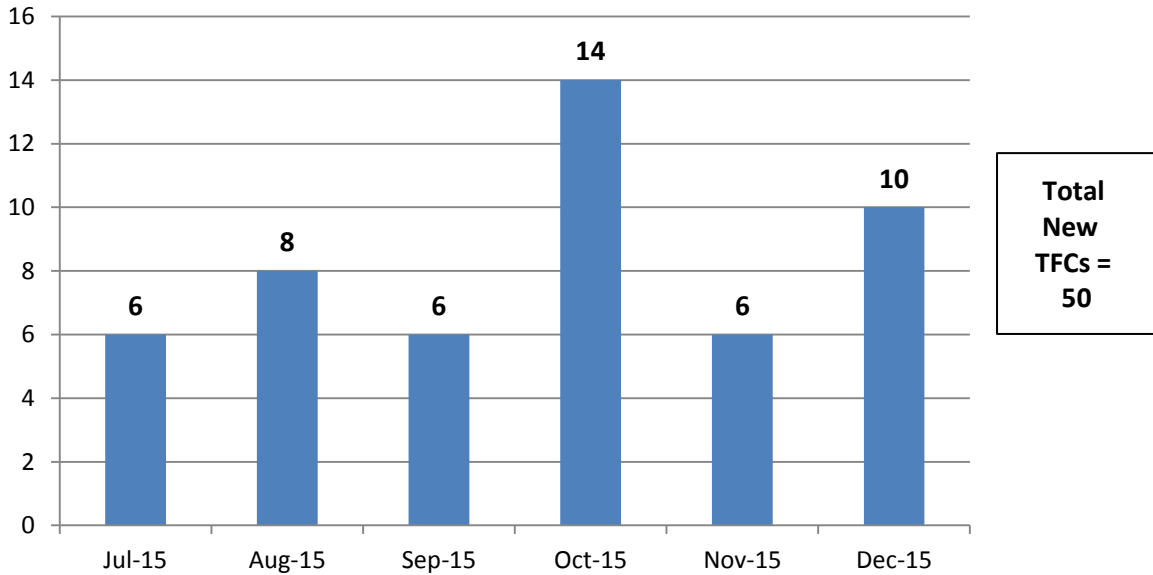
B. Therapeutic Foster Care

As part of the CSA, DHS agreed to increase the number of therapeutic foster care (TFC) homes available to meet the needs of children in its custody. Children who are eligible to be placed in TFC homes are those who have been assessed to have emotional and behavioral health needs, and can live in the community with specially trained foster parents and supported therapeutic services. DHS committed to develop a sufficient pool of TFC homes within its continuum of available placement settings in order to: avoid placing children in higher levels of congregate care; step-down children from higher levels of care; ensure that appropriate services are provided for children in need of behavioral health treatment; and, support more stable placements.

SFY15 TFC New Home Development

DHS reported that it had developed 50 new TFC homes during the six-month report period of July 1, 2015 to December 31, 2015. In order to track DHS' progress toward meeting the annual target of 172, the Co-Neutrals set a mid-year, interim target of 86 new TFCs by December 31, 2015. With 50 new TFC homes, DHS developed 58 percent of this interim target and 29 percent of the annual target at the half-way mark in the state fiscal year.

Figure 9: New Therapeutic Foster Homes by Month, July 2015-December 2015



Source: DHS Data

As reported in their last Commentary, the Co-Neutrals adjusted DHS' baseline of open, TFC homes as of July 1, 2015 to account for TFC homes in DHS' submitted baseline data that were identified as respite-only and not as homes available to provide ongoing and stable TFC placements for children. As with traditional foster homes, DHS and the Co-Neutrals have continued to work to establish an accurate accounting of all types of foster homes, including TFCs.

Incorporating the most recent corrections to DHS' data, the Co-Neutrals and DHS have established the July 1, 2015 baseline of open, regular TFC homes at 446, and the January 1, 2016 baseline of open, regular TFC homes at 403 for a net loss of 43 TFC homes over the six-month period. Contributing to this net loss are 45 additional TFC homes identified in DHS' January 1, 2016 baseline as providing respite-only support.¹⁴ In addition, DHS' data shows that 100 of the 446 TFC homes open on July 1, 2015 closed during the period, yielding a 22 percent closure rate. Of the 50 newly developed TFC homes, two closed within the same six months, for a four percent closure rate of new homes.

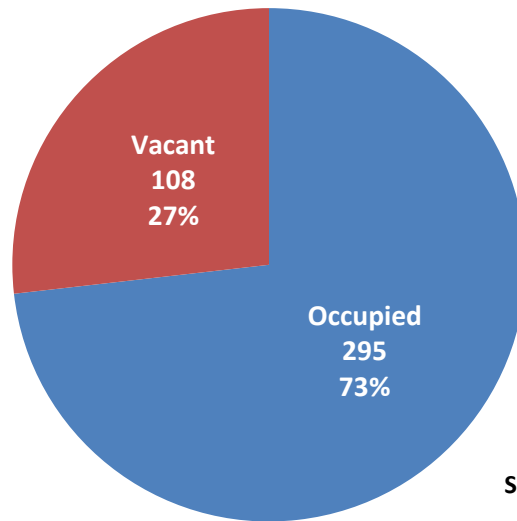
DHS, with its partner agencies, has developed 369 new TFC homes between July 2012 and December 2015, but has not achieved any significant net gains in its pool of TFC homes since

¹⁴ Just as with traditional foster homes, DHS recently made efforts to separate out and identify those TFC homes that only want to provide temporary respite service; however, DHS reports that it needs to improve how it manages and tracks respite services for TFC families.

the beginning of the reform effort. One reason for the loss of TFC homes is that DHS closed homes that were not actually available to receive children and remained vacant for extended periods of time. In every Commentary, the Co-Neutrals have raised concerns regarding the conflict of DHS having a wait list of children who need a TFC placement, many of whom are living in shelters and group homes, while also reporting a substantially high number of TFC homes that are, and have been, vacant for some time.

The Co-Neutrals continue to monitor the occupancy rate of Oklahoma’s TFC homes. Of the 403 open TFC homes listed in DHS’ adjusted January 1, 2016 baseline, 108 (26.8 percent) were vacant and 57 of these vacant homes, which is 14 percent of the 403 open homes, had no child placed in them for at least three months.

Figure 10 : Occupancy Rate of TFC Homes (Total=403)



Source: DHS Data

As shown in Table 3 below, of the 108 vacant TFC homes, 42 (39 percent) had no children placed in them for at least six months and 17 (16 percent) of these had been vacant for at least one year.

Table 3: Status of Vacant TFC Homes as of January 1, 2016¹⁵

Home Status	No.	Percent
Vacant 1-30 days	26	24%
Vacant 31-90 days	25	23%
Vacant 91-182 days	15	14%
Vacant 6 months - 1 year	25	23%
Vacant 1 year or more	17	16%
Total	108	100%

SFY16 Target – New TFC Homes

For SFY16, DHS proposed and the Co-Neutrals approved a target of 172 new TFC homes. If DHS is able to approve 172 new TFCs over this 12-month period, it will be the largest number of TFC homes developed in a single year during this reform, and 50 more homes than the 122 TFC placements DHS developed in SFY15. The Co-Neutrals have established interim targets to maintain focus on the number of homes developed by DHS throughout the year, and have also established a net gain target of 81 TFC homes for SFY16.

Core Strategies

As reported in the last Commentary, DHS developed a core strategy plan for TFCs that includes: establishing a regular process for DHS and TFC agencies to review jointly existing homes to assess availability, and to use and share data regarding current and trending characteristics of children needing TFC placements; tracking and updating the waiting lists regularly to make timely and best matched placements when possible; ensuring DHS' TFC home data and waiting lists are accurate; more rigorously assessing homes vacant more than 30 days to determine if they should remain open; and, ensuring DHS and TFC agency staff are clear about their roles and responsibilities to implement these core strategies.

DHS' primary core strategy was to establish enhanced performance-based contracts with its contracted TFC agencies to strengthen agency accountability and performance. The new contracts also provide financial incentives to TFC homes and agencies that facilitate the placement of special needs children who are at times the most difficult to place. These contracts went into effect on July 1, 2015 – the first day of this report period. DHS embedded the following five performance metrics in the new contracts:

¹⁵ Twenty-two vacant TFC homes were jointly approved as another type of resource (adoption, DDSD, etc.) and were occupied by children in those resource types on January 1, 2016.

1. Decline Rate: this is a measure of the rate at which a contracted TFC agency refuses to place a child for whom they have an identified, viable bed.
 - Target: five percent or less.
2. Average Response Time to Placement: the minutes it takes for a contracted TFC agency to call back the proposed hotline (if they do not answer the call).
 - Target: 40 minutes
3. Rate of Discharge to Equivalent Level of Care: the number of children who discharge from a contracted TFC agency's home due the agency's inability to meet the child's needs.
 - Target: 12 percent or less
4. Average Number of Home Changes Within an Agency: the number of times a contracted TFC agency moves a child to a new home.
 - Target: two
5. Ratio of Bed Days Used for Children in "High Needs" category: children who meet the criteria for this category are 13 years and older; stepping down from a group home or inpatient facility; children with concurrent DDS needs; or, children requiring a solo placement (as identified by DHS' TFC program staff.)
 - Target: 50 percent or more

During reviews at the end of this performance period, DHS advised the Co-Neutrals that it did not believe the new performance-based contracts were helping to achieve the intended results, and that DHS was not able to assess the TFC agencies' performance under at least some of the new contract metrics. DHS later specified, during the time when the Co-Neutrals were preparing the findings in this report, that it had not been able to successfully measure two of the five performance metrics under the new contracts: the decline rate and the average response time to call back DHS' placement line. The Co-Neutrals thereafter requested the data DHS has gathered for the other three performance-based measures under the contracts, which the Co-Neutrals are currently reviewing.

Measuring and understanding what is behind the TFC decline rate is important. For quite some time, the Co-Neutrals have heard from caseworkers and supervisors, as well as DHS leadership, that TFC agencies routinely decline to place children whom DHS and the Oklahoma Health Care Authority (OHCA) have pre-screened as needing a TFC placement. DHS needs to understand in

greater detail the reasons agencies decline to place a child in one of their available and vacant TFC homes, particularly those with no current placements. The department also needs to understand the decline patterns among TFC agencies.

DHS reports that some providers will decline accepting a second child in their home if a first child placed in a TFC home needs more time to stabilize. In other words, they wait until the placement of another TFC child in the home is safe and appropriate, and will not compromise the well-being of either child. The Co-Neutrals agree that this is good practice, despite this meaning that “placement beds” DHS thought were available are, in fact, not available. The Co-Neutrals further believe that it is best practice, particularly with TFCs, to manage and view family-based resources, as homes, not as a bed count.¹⁶ This allows every family-based resource to be seen as a home focused on the individual special needs of the child or children (when placed with siblings). If a home establishes itself as being able to meet the individual needs of more children, subsequent child placements must be assessed on an individual basis at each juncture in the placement process.

The Co-Neutrals discussed with TFC agency representatives the ongoing concerns with agencies’ declining placements. The agencies identified some challenges from their perspective, particularly as it relates to administrative rules regarding the mandatory availability of therapists for TFC-placed children. DHS and the agencies will need to resolve together these apparent barriers if decline rates do not improve.

Understanding and using data and other carefully tracked information on TFC vacancies and the decline rate will be key to address the TFC challenge in Oklahoma. DHS has to strengthen the quality of its efforts to ensure that children with special needs who can be served in family-based settings and are waiting for a TFC placement do not languish in shelters or higher levels of care.

In addition to establishing performance-based contracts with agencies to improve the use and management of TFC homes, DHS committed to establish an ongoing process to work with the TFC agencies to maintain an accurate accounting of placements available in TFC homes. This accurate listing is a necessary tool to be able to assess and track availability in accordance with some of the metrics outlined above under the new performance-based contracts. DHS reports that it has been providing DHS’ partner agencies with TFC home vacancy reports from the department’s KIDS system so that the agencies’ and DHS’ TFC program staff can continuously

¹⁶ If a TFC home has at least one child placed in it (under the TFC resource identification number), the home will not show as vacant despite DHS having record that there may be an opportunity to place another child in the home.

update the reports to maintain an accurate list of available TFC placements and make the best matched placements. DHS also reported some challenges with its KIDS system not consistently allowing staff to record a home's placement preferences (i.e., child characteristics such as age, etc.), which is necessary to facilitate appropriate matches.

Children on the TFC Wait List

DHS also committed to track and maintain an accurate list of the children who are waiting for a TFC placement, with specific roles and responsibilities assigned to both DHS and agency staff to advance TFC placements for waiting children. DHS reported that there have been challenges with this work, noting that it is a tedious process for DHS staff in particular. Through this ongoing process to develop an accurate waiting list, DHS found that some children who were placed on the list some time ago are no longer waiting for an immediate TFC placement, and may no longer need one at all. Some of these children were placed in regular foster homes and have achieved stability without additional TFC services; other children were in inpatient settings and had their discharge dates continually pushed back by the medical professionals caring for them but remained on the list. DHS will need to continue its work to improve the real-time accuracy, maintenance and use of this information to best match and meet the placement needs of children.

As of mid-March 2016, DHS reported that approximately 120 children remain on the TFC wait list, which is about the same number reported in the Co-Neutrals' last Commentary. DHS reported that 40 percent of the children on the wait list have been waiting for long periods of time for a TFC placement, and are currently in shelter and group home placements that are not the best placements to meet their individual needs.

It is important to note that all children who are placed on the TFC wait list have been approved by DHS and provisionally approved by OHCA as meeting the OHCA criteria for eligibility to be placed in a TFC home. OHCA's criteria for TFC home placement and services is determined primarily on a child's meeting the medical necessity rule, meaning that the child's emotional/behavioral challenges (as diagnosed from the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)) cannot be managed in a traditional foster home without access to 24-hour crisis response/behavioral management and intensive interventions from professional staff.

DHS has found that some of the most challenging family-based placements to secure are for children who have developmental disabilities and/or are medically fragile. As a result, children with these types of special needs were routinely placed in DHS' public shelters. Prior reports by

the Co-Neutrals identified the inadequate supports and services experienced by children with special medical needs who were placed in shelters. One of the most significant barriers to better meeting these children's needs is contained within OHCA's current Medicaid placement criteria, which do not allow children with intellectual, developmental or medical challenges to be placed in TFC homes. DHS and OHCA leadership teams have met to review the option for expanding the criteria to allow TFC agencies to provide TFC homes and services to children with these types of disabilities, which occurs in other states. While DHS reports that both Oklahoma departments have expressed an interest and willingness to expand the criteria, a shortage of state Medicaid matching funds needed to draw down federal Medicaid dollars for these children has prevented the plan from proceeding.

In December 2015, the Co-Neutrals directed DHS to diagnose any legal, administrative, practice or resource barriers preventing the placement of children with special needs in existing TFCs, identify solutions for the barriers, and establish an implementation timeline for DHS to remove these barriers. DHS will need to diligently focus and work in partnership with its TFC agencies to identify all barriers and develop solutions to place children in TFC homes identified as open, available and stable, especially those that remain vacant for extended periods of time. As discussed above, DHS did review administrative and financial barriers to serve children with developmental disabilities or with high medical needs in a TFC home. However, DHS has not presented a complete analysis of barriers preventing the placement of children whom DHS and OHCA have approved for a TFC home. In the meantime, DHS proposed revised core strategies for TFC new home development and management because its current core strategies are not achieving the intended results nor the pace of progress that it anticipated. The Co-Neutrals are currently reviewing DHS' revised TFC core strategies.

Developing a Continuum of Care

One core strategy DHS committed to that affects almost every area of the reform effort is the development of a comprehensive plan to expand Oklahoma's resources along a full placement continuum. DHS committed to incorporate lessons learned from its work finding placements for children who were living in the Pauline E. Mayer and Laura Dester public shelters, including children who were found to be difficult to place, e.g., children who have developmental disabilities and are medically fragile. DHS originally committed to complete this by January 15, 2016, but later advised the Co-Neutrals that the plan would be ready in March 2016. DHS requested additional time to work on the plan because the department had decided to rethink and redesign its TFC core strategies.

The Co-Neutrals and DHS agree that the issue of TFC homes is one that needs even closer attention. DHS has taken some steps to unravel its challenges around maintaining accurate information about both its TFC resources and the children in DHS’ custody who need TFC placements. However, as discussed above, this work has not yet placed DHS in a position to report substantial or sustained progress for this report period. For this performance area, the Co-Neutrals do not find that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes.

Performance in this area has lagged since the beginning of the reform. The Co-Neutrals appreciate that DHS leadership is currently looking at another set of broad scale changes to the way it manages its TFC program, given the urgency for progress in this area. The Co-Neutrals will report in their next Commentary on DHS’ effort to execute a strategy grounded in best practices, reliable data and well-developed, specific activities that DHS can implement to achieve better outcomes for the children who await and need TFC placements and services.

C. Caseworker Caseloads and Supervisor Workloads

Establishing and maintaining manageable caseloads for child welfare caseworkers is essential to child safety, well-being and permanency (either permanency with the child’s family of origin or a new family). DHS committed to achieve the following caseload standards for child welfare workers and workload standard for supervisors:

Table 4: Pinnacle Plan Caseload and Workload Standard Commitments

Role	Standards	Weight Per Case
CPS	12 Open Investigations or Assessments	0.0833
OCA	12 Open Investigations	0.0833
Family Centered Services	8 Families	0.125
Permanency Planning	15 Children	0.0667
Resource	22 Families	0.0455
Adoption	8 Families & 8 Children	0.0625
Supervisors	1 Supervisor Dedicated to 5 Workers	0.2 per worker

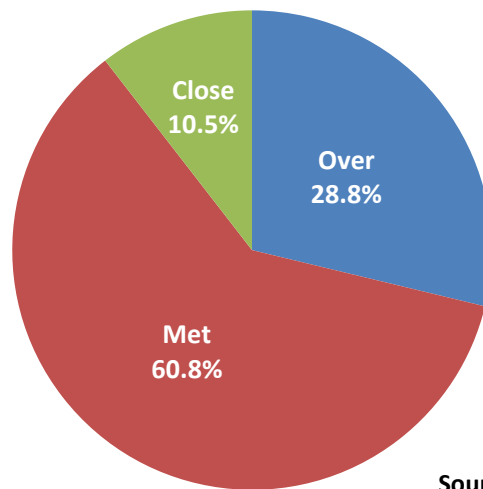
Performance – Target Outcomes

As part of its Pinnacle Plan, DHS initially committed to achieve a final target of 90 percent of caseworkers meeting their individual caseload standards by June 30, 2014. Prior Commentaries described the quality of the department’s efforts to achieve this commitment, and the results were poor through 2014. Beginning in 2015, DHS’ leadership intensified its focus, planning and

management to achieve caseload progress. In addition, DHS leadership advised the Co-Neutrals that it moved significant funding from other programs and divisions within the department in order to advance the department’s caseload performance commitments. During the most recent six-month period, DHS made good faith efforts to achieve substantial and sustained progress toward the caseload and supervisory workload Target Outcomes by maintaining its focus and proactive management of the effort to recruit, hire, train and retain a workforce prepared to care for Oklahoma’s most vulnerable children.

DHS reported that as of December 31, 2015, 60.8 percent of caseworkers met the established standard, with 10.5 percent of workers close to the standard and 28.8 percent over the standard. DHS’ performance represents a substantial improvement from the last report period when, as of June 30, 2015, only 48.9 percent of caseworkers had individual workloads consistent with the agreed-upon standard.

Figure 11: Workers Meeting Caseload Standards, December 31, 2015

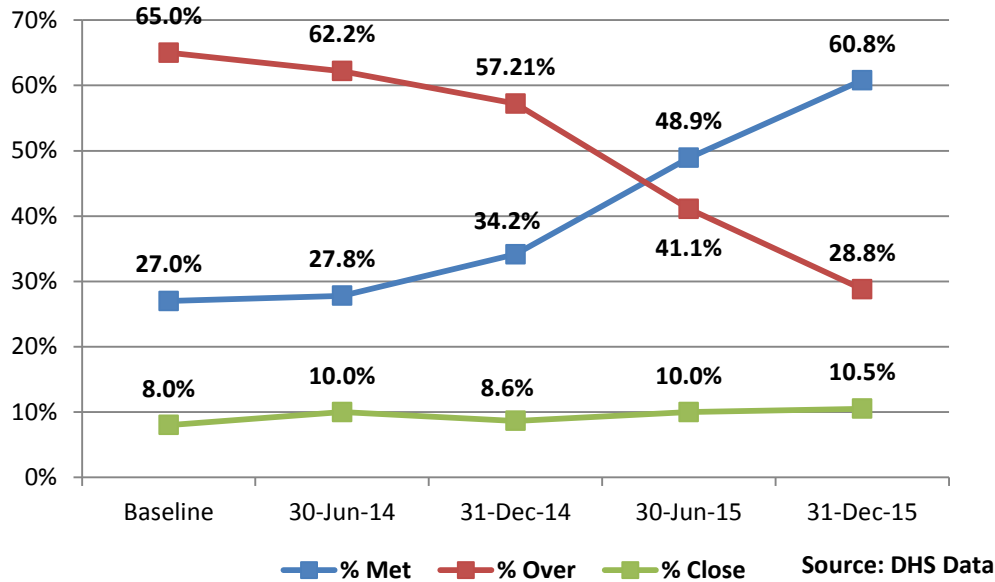


Source: DHS Data

Looking back one year to the end of December 2014, DHS reported caseload compliance at 34.2 percent, having achieved only a 7.2 percent increase above the starting baseline of 27 percent during the first two and a half years of the reform. As previously reported by the Co-Neutrals, DHS was not sufficiently focused during the first half of this reform on achieving manageable caseloads and as a result did not make substantial and sustained progress during that time. Over the past year, DHS increased caseload compliance by 26.6 percentage points, from 34.2 percent to 60.8 percent by December 31, 2015. As such, DHS improved its caseload compliance in the last one year by four times as much as it had over the previous two and a half years. Further, for the last two consecutive report periods DHS has reported a higher percentage of

caseworkers meeting the standard than the total percentage of staff whose caseloads are over the standard.

Figure 12: Worker Caseloads: Percent of Workers Meeting Caseload Standards



Priority Districts and Core Strategies

Just before the start of 2015, DHS developed a staff tracking report that integrates key information, including current caseloads; the number of workers needed to achieve 90 percent caseload compliance; the number of caseworker positions allocated, filled and vacant in each district; and other relevant factors. DHS had authorized 2,094 caseworkers to meet its Target Outcome by the summer of 2016. Throughout 2015, department leadership shared the reports with regional and district managers so they could track and manage their local staffing resources to fill the 2,094 positions DHS projected needing to achieve reasonable caseloads for 90 percent of the caseload carrying staff. In March 2016, DHS informed the Co-Neutrals that it had reduced the number of authorized caseworker positions to 1,966 (128 fewer positions) based on DHS’ assessment that workload trends indicated a decreased need. The Co-Neutrals are currently assessing and verifying DHS’ projected workload need and new analysis district-by-district to determine if the changes in allocated positions are appropriate in light of DHS’ commitments and will report on this in the next Commentary.

Also early in 2015, the Co-Neutrals required DHS to identify a set of “priority districts” with the greatest challenges in the areas of high caseloads, vacant positions and staff turnover. DHS leadership began to conference weekly with the directors of the priority districts to review their district’s data and progress, as well as challenges and barriers associated with caseloads, hiring

and retention. This data-driven focus and commitment to engage managers at all levels of the department to work toward achieving caseload compliance have proven quite effective so far. In comparison to June 30, 2015, the ten priority districts have on average increased the percent of caseworkers meeting the caseload standard by 22 percent as of December 31, 2015.

What has also been effective in leading to DHS' positive gains in caseload compliance is the work of district managers across the state to implement graduated caseloads for new workers. Despite the fact that DHS hired a significant number of new caseworkers during the first two and a half years of the reform, the department did not realize any substantial improvements in caseload compliance. This was attributed to the inordinately high turnover rate of new workers exiting within a year of being hired, frequently feeling overburdened and overwhelmed by high caseloads given to them immediately after completing training.

In the Pinnacle Plan, DHS committed to implement graduated caseloads as a key strategy to reduce attrition, support new caseworkers, achieve manageable caseloads and, ultimately improve outcomes for Oklahoma's children. The Pinnacle Plan established that DHS would give new caseworkers time to transition into their position with only 25 percent of a caseload assigned to them for the first three months following their completing CORE training and passing the Hands on Training (HOT) comprehensive skills test. After three months of successful work with a 25 percent caseload, caseworkers would then graduate to 50 percent of a caseload for three months, and are then eligible for a full caseload. For example, in the case of a CPS caseworker who investigates child abuse and neglect referrals, the regular caseload standard per worker is no more than 12 child abuse and neglect investigations at a time. Under graduated caseload standards, a new CPS worker would be assigned no more than 3 cases (25 percent) for the first three months after passing their training and skills test, and would carry no more than 6 cases (50 percent) for the following three months, after which the worker could assume a full caseload.

DHS leadership began systematically to implement graduated caseloads at the start of 2015. When a child welfare system is stressed with high caseloads and, as experienced by DHS, a substantial increase in the number of children in custody, it is difficult to train and retain a rolling influx of new caseworkers. Indeed, it was deeply challenging for DHS to implement graduated caseloads and support new workers early on in their service, while also balancing the need to avoid overburdening experienced caseworkers who DHS also needs to retain. Despite these challenges, over the last two report periods, DHS has successfully worked to accomplish this critical balancing and has enhanced its improvements in caseload compliance as a result. Some DHS districts reported turnover as high as 70 percent in 2014. DHS reports that the turnover rate for calendar year 2015 among staff in entry-level caseworker positions decreased to 35 percent. DHS recognizes that the turnover rate remains too high, but the downward

movement is a strong indication that graduated caseloads are having a positive impact on caseworker retention.

Much work remains in 2016 for DHS to make up lost ground in its efforts to achieve the Target Outcome of 90 percent caseload compliance originally set for June 2014. Growing this progress is essential to stabilize the DHS child welfare workforce and give staff the conditions necessary to do high quality work with children and families. Any backsliding will have far-reaching and damaging consequences for this reform effort and could squander the deep investments made by the people of Oklahoma since 2012.

It is important to acknowledge the significant difference in what many caseworkers, particularly new staff, experience now with graduated caseloads compared to the caseload conditions just over one year ago. At the close of this report period on December 31, 2015, DHS reported that almost 80 percent of new staff eligible for graduated caseloads met their graduated caseload standard. This is a vast improvement from just a year earlier, when only 23 percent of new workers met their graduated caseload standard. Further, there were 81 more new caseworkers on graduated caseloads on December 31, 2015 than a year earlier.

High caseload pressures have decreased substantially overall for caseworkers, as shown by the number of workers who previously reported having caseloads more than double the regular caseload standard. DHS' June 30, 2014 data showed 63 out of 448 CPS workers (14 percent) assigned to manage primarily abuse/neglect investigations carried more than double the standard of 12 cases. As of December 31, 2015, DHS reported that nine out of 449 CPS workers (two percent) carried more than double their caseload standard.

For permanency planning, 143 (25 percent) of DHS' 576 permanency workers carried more than 30 children on their caseload, more than double the standard of 15 children as of June 30, 2014. As of December 31, 2015, only four percent (27) out of 704 permanency workers carried more than double their caseload standard.

Another DHS strategy to help support and retain new staff, as articulated in the Pinnacle Plan, is the field training program in which more seasoned caseworkers (Child Welfare Specialist III – CWS III) receive training and certification on how to guide and mentor new workers. As of January 2016, DHS reported that 270 CWSIII employees have been certified as field mentors and another 84 have completed the training and are nearing certification. This is an increase of almost 100 additional mentors over the 186 DHS reported one year earlier.

In addition to DHS' systematic efforts over the last year to stabilize its workforce through the statewide implementation of graduated caseloads and the field training program, DHS has

closely tracked its hiring and vacant positions to steadily build a net gain in the number of case carrying staff.

On December 31, 2014, DHS reported a total of 1,450 case carrying staff on board, of whom 1,227 were assigned at least one case.¹⁷ As of December 31, 2015, DHS reported a total of 1,774 case carrying staff on board, a net increase of 324 caseworkers.¹⁸ The number of staff carrying at least one case increased to 1,503, a net increase of 276 caseworkers sharing in the management of DHS' total cases. As of March 30, 2016, the total number of caseworkers carrying at least one case substantially increased even further to 1,587 (84 more since the end of 2015) and there are 135 new workers in pre-service training who will be eligible to carry cases within the next three months.

Of the total 1,966 case carrying positions that DHS currently has authorized and targeted to fill, 1,776 (90 percent) were filled as of March 2016. With a detailed focus initially on the 10 priority districts with the greatest challenges around caseloads and staffing, DHS identified and addressed cross-district and statewide barriers to hiring new staff in the most efficient manner possible. DHS' largest district (District 7), which includes all of Oklahoma County, was one of the first 10 districts DHS identified and after a year of closely tracking and managing hiring efforts, DHS reports that every entry level caseworker position in District 7 has been filled and 72 percent of caseworkers carrying at least one case are compliant with regular caseload standards. Another 16 percent are close to meeting the standard.

In District 7 and every district across the state, applying an equal amount of focus on supporting, guiding and retaining caseworkers will be essential for DHS to realize sustained benefits from this expanded workforce and achieve better outcomes for children in DHS custody.

Performance Standards and Target Outcomes – Supervisor Workloads

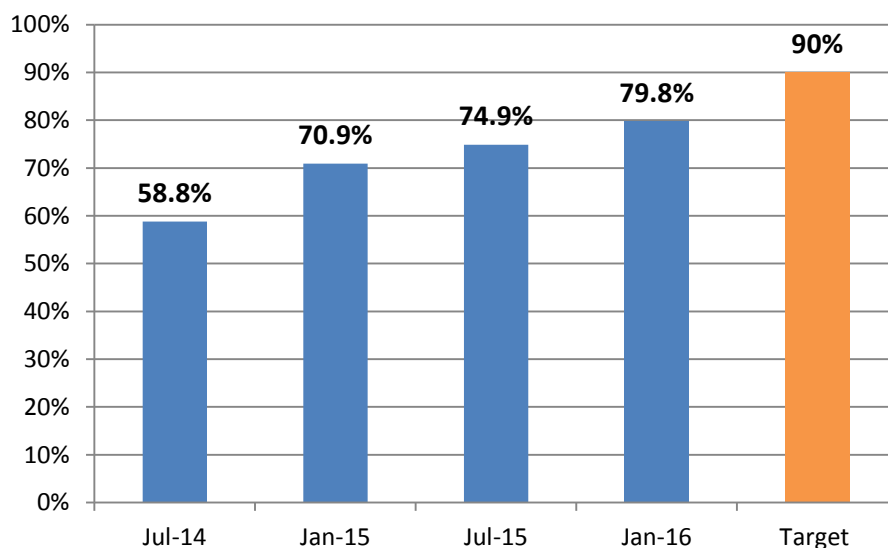
DHS understands that strong supervisory support for caseworkers, especially new caseworkers, is essential to supporting effective and consistent child welfare practice and positive outcomes for children and families. DHS committed to meet the same target for supervisor workloads as it did for caseloads: 90 percent of supervisors meeting the 1:5 caseworker ratio by a final target date of June 30, 2014.

¹⁷ The majority of case carrying staff who are not assigned at least one case at any given time are new, in training and not yet eligible to carry any cases.

¹⁸ The December 31, 2015 caseloads data points were pulled from the weekly caseloads tracking report DHS submits to the Co-Neutrals. This report provided the total number of case carrying staff as of December 31, 2015, whereas DHS' semi-annual caseloads data submission did not include the total number of case carrying staff. DHS' semi-annual caseloads data submission identified 1,501 workers carrying at least one case, while the weekly report identified 1,503. Data entry lag often causes discrepancies in these types of reports.

Although DHS has not achieved the target of 90 percent of supervisors meeting the 1:5 workload standard, DHS has continued to show substantial and sustained progress with the number of supervisors meeting the standard. As of December 31, 2015, DHS' data shows that 79.8 percent of supervisors met the 1:5 workload standard, compared to 75.1 percent on June 30, 2015 and 70.9 percent on January 1, 2015. DHS also reports a positive decline (9.6 percent down to 7.3 percent) for the percent of supervisors managing workloads over the standard. Overall, DHS compliance with supervisor workloads is trending positively.

Figure 13: Supervisor Workloads: Percent of Supervisors Meeting Workload Standards



Source: DHS Data

DHS also reported continued progress in decreasing the number of supervisors who are assigned and manage their own cases. Child welfare cases managed by supervisors carry the same case weight as the cases managed by caseworkers and are calculated into each supervisor's workload ratio. As of December 31, 2015, 21 supervisors carried more than two cases, a decrease from the 27 supervisors who carried more than two cases on June 30, 2015 and a substantial decrease from June 30, 2014 when 79 supervisors carried more than two cases. The Co-Neutrals again find that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for meeting supervisor workload standards.

D. Shelter Use

The CSA requires that DHS establish performance targets related to the placement of children in shelters. More specifically, DHS committed that it would “ensure all children are cared for in family-like settings” and “stop its use of temporary placement in shelters for all children under 13 years of age.”

Closing State-Operated Shelters

During this report period, DHS focused its efforts on the closure of both state-operated shelters, as it committed to do in its core strategies to reduce shelter placements and the number of child-nights spent in a shelter. Since the last report period, DHS successfully closed the first of its two state-operated shelters, Pauline E. Mayer (PEM), and is currently near the end of the process of closing the second, Laura Dester (LD). PEM was officially closed on November 18, 2015 following the placement of the last child in a family-like or other appropriate placement identified to meet the child’s needs. LD remains open as DHS continues to secure placements for the remaining children who continue to be served at the shelter. Routine, new admissions to LD ceased on October 1, 2015; however, in very specific circumstances children are still admitted to the shelter following the required approval of DHS’ Child Welfare Director. The shelter will remain open until DHS has secured a placement for all children residing in LD. While the Co-Neutrals did not order DHS to close the state-operated shelters, it is important to note that in earlier Commentaries the Co-Neutrals found that both public shelters generated a high number of incident reports in which children were harmed.

DHS’ efforts to close the state-operated shelters have centered on a child-focused review process that has been managed by DHS’ assigned shelter lead in partnership with a team of multidisciplinary specialists from within and outside of DHS, including from foster care, TFC, legal services and developmental disabilities, among others. The multidisciplinary team first focused its attention on securing appropriate placements for the children at PEM beginning in May 2015. After all children at PEM had secured placements on November 18, 2015, the team turned its attention to identify family-based placement for the children living in LD.

In order to secure a needs-based placement for each child residing at PEM and LD, the multidisciplinary team conducted a “child staffing,” which includes the development of a placement plan based on a review of the child’s case record, a full assessment of the child’s needs and, when possible, a conversation with the child about his/her placement preferences. Following each child staffing, the team, through consistent communication, reported and tracked efforts made on behalf of each child until a needs-based placement was secured. Through this process, DHS has been able to successfully close PEM and reduce the

number of children placed in LD from 43 children in October 2015 to 12 on April 5, 2016, half of whom DHS reports have developmental disabilities and/or other special needs.

DHS attributes the success of the multidisciplinary team at securing needs-based placements for the children placed at the state-operated shelters to, among other things: the diverse expertise and experience of the individuals on the team that enabled the team to think critically and differently about each child's case; the focus on children's safety and well-being in addition to placement needs; the inclusion of children in the staffing process to learn their interests, connections and preferences; and, the use of procedures and protocols that encouraged accountability throughout the staffing process. Importantly, the team also did a fresh look at potential kinship resources for these children and expanded their scope to the child's community. Of the 93 child staffings completed at PEM and LD, 51 (55 percent) resulted in children being placed with kinship or other family-based placements.

Additional Shelter Core Strategies

In its core strategies, DHS committed to expand the multidisciplinary staffing model and establish multidisciplinary teams in every region by December 2015 in order to move children placed at Youth Service shelters across the state to family or other needs-based placements. Because DHS' shelter lead and other key staff, who will be instrumental in guiding these regional teams, remain focused on the closure of LD, this expansion has been delayed. DHS reports that multidisciplinary staffings for children at the Youth Service shelters are now ramping up and the first case reviews for these children began in February 2016.

Lessons Learned

DHS completed an analysis of "lessons learned" from its efforts to close Oklahoma's state-operated shelters and secure needs-based placements for the children placed at both PEM and LD. DHS identified the following four primary challenges, among others, in this analysis, some of which echo concerns the Co-Neutrals' raised in earlier Commentaries. DHS also surfaced new concerns and opportunities for improvements going forward.

One key challenge DHS' analysis identified that the Co-Neutrals reported on in their last report is the gap that exists in DHS' placement system for certain populations of children, including teens and children with special medical, behavioral and/or developmental needs. DHS reports that for these children, there often is not a readily available placement option that meets their specific needs, and as a consequence, shelters have been used too often to fill this gap. In its core strategies, DHS has committed to the development of a continuum of placements that

includes foster homes, TFCs and higher level care to meet the specific placement needs of children and fill the current placement gap. As DHS notes in its analysis, a substantial change and expansion in available placement resources is necessary to best serve children in custody and prevent shelter placements.

While DHS needs to continue to develop a robust continuum of homes to meet the unique needs of all the children in its care, DHS found through the multidisciplinary staffings for children in the public shelters that there are homes within its existing pool of resources that can and are willing to meet the special needs of children. However, DHS found that “some of the placement types that are available have displayed unwillingness or inability to adequately serve some of these particular groups due to inter-agency policies, procedures, or funding streams.” In every Commentary and as noted above, the Co-Neutrals have raised concerns regarding the long list of children waiting for a TFC placement, many of whom are placed in shelters as they wait, despite the significant number of TFCs that are open and vacant.

The third challenge DHS’ analysis highlighted was the need for improved training for resource caregivers (both foster parents and congregate care providers) to ensure caregivers are sufficiently equipped with the supports, tools and knowledge to respond as necessary to any of the challenges and needs of the children placed with them. In particular, these trainings need to provide caregivers with realistic and honest expectations of children who have experienced trauma and the behaviors these children may exhibit as a result of their trauma. As DHS notes and the Co-Neutrals reported in their last report, most children are placed in a shelter as a result of a placement disruption not because of a new removal. Improved training and increased supports for foster parents will certainly help ensure more stable and safe placements outside of a shelter.

Finally, DHS’ lessons learned identified shortcomings in case practice that result in children being placed in shelters and children staying in the shelters too long. DHS attributed these shortcomings, in part, to significant caseworker turnover, inexperienced staff who lack the knowledge of the necessary steps to get a child placed in a setting appropriate to meet their needs, minimal or misguided supervision of practice and a lack of exploration of kinship and other family or community connections. DHS reports that it intends for the multidisciplinary teams to mentor staff, who may be new and lack experience, and guide them on how to identify best placements for children, not only after they are placed in a shelter but, as a first placement.

DHS has begun training its regional teams to apply the step by step multidisciplinary review model used at PEM and LD for children in Youth Service shelters. The plan is for the regional

teams to be led by the specialists within the Specialized Placements and Partnerships Unit (SPPU) who are assigned to serve as shelter liaisons to each of the Youth Service shelters and include other key program staff (e.g., DDS) who are critical to identifying children's specific needs and securing appropriate, stable placements. This strategy should be implemented so the lessons of PEM and LD are incorporated into an ongoing statewide process.

Reduce Shelter Care

In addition to focusing on reducing the population of children currently placed in shelters, DHS has also committed to placing fewer children in shelters, and to ensure that, if children are placed in a shelter, it is a time-limited stay while DHS continues its work to secure a placement outside the shelter.

During this period, DHS committed in its core strategies to enhance its protocols and procedures for staff to ensure that all steps and activities necessary to secure a non-shelter placement, preferably in a family-like setting, have been completed before a child is placed in a shelter. Starting October 1, 2015, staff throughout the state began to use an updated Shelter Authorization Form that must be completed before any child can be approved to enter a shelter. (See Appendix D for updated Shelter Authorization Form). DHS previously, starting in 2013, only used the Shelter Authorization Form for children under six years of age. The form requires workers to document all efforts made to either prevent a placement disruption or removal, in addition to all efforts made to secure an alternative placement for the child other than in a shelter. DHS reports that information from the Shelter Authorization Forms will be reviewed on an ongoing basis to identify areas of practice that need to be modified or improved to decrease shelter usage and increase placement stability.

DHS also developed a Shelter Authorization Flow Chart that details the process for securing a placement for a child. (See Appendix E for Shelter Authorization Flow Chart). DHS reports the new placement process is guided by a child's specific needs, and not just by availability of a placement. The process also includes greater oversight and accountability of decisions to approve a child's placement in a shelter. Specifically, it requires that, for children 13 years of age and older to be placed in a shelter, both the District Director and Regional Director must agree that exhaustive efforts have been made to prevent the child's placement in a shelter. For children 12 years of age and younger to be placed in a shelter, the Permanency Planning or CPS Worker, Foster Care Worker, Supervisors, District Director, Regional Director, Specific Program Staff, and Child Welfare Director must participate in a conference call (regardless of the time of day or night) to staff the case, with final approval required by the Child Welfare Director. DHS

reports that staff trainings on the placement process were completed in October 2015 for district directors and in November 2015 for supervisors.

DHS reports that supervisors and staff have been informed that the process of submitting a completed Shelter Authorization Form to a Deputy Director or the Child Welfare Director should not be viewed as simply the final step to request approval for a shelter placement. Instead, leadership has stressed to staff that the documentation of efforts and participation in the conference are important steps for seeking higher level support to ensure that all other preferred placement options have been exhausted and, thereby, acts as an opportunity for caseworkers and supervisors to ask for additional help to avoid a shelter placement.

Access to Placements After-hours and on "Emergency" Notice

The Co-Neutrals reviewed the case records of children admitted to shelters in 2012 and 2013 and found that many shelter placements were not the result of "emergencies." Instead, children's case records often indicated that the worker had days and sometimes weeks' notice that a removal was likely or that a placement might disrupt. The Co-Neutrals have reiterated that reducing the number of last minute placement requests requires CPS workers to identify potential kinship resources the first time they meet a family, even if at that time, the CPS worker is unsure if removal is likely. It also requires permanency workers to intervene early when a placement is not working well for the child or foster family. As noted below in the placement stability section of this Commentary, DHS has put in place a new placement stability expectation and protocol that guides staff to initiate supports as soon as a caseworker learns of any new concerns or instability with a child's placement.

To be clear, every child welfare system will have some middle-of-the-night placements. But these represent a very small number of their cases. These are the true emergencies, and are very different from so-called emergencies that occur when sufficient and advanced efforts have not been made to stabilize a child's placement or, if necessary, to secure a new placement.

In cases when advanced planning and notice are not possible, DHS historically has placed children in shelters when it could not find an appropriate family or need-based placement. As a result, and in consideration of DHS closing the state-operated shelters, the Co-Neutrals requested that DHS develop a backup plan to identify a way that children and youth, particularly those with special needs, in need of a placement after hours could be placed in a home (traditional, kinship, or TFC) and not be diverted to a shelter. The plan was also to include strategies to secure, as a last resort, temporary placements in Youth Service shelters.

In response to the Co-Neutrals' request, DHS provided an "After Hours Placement Protocol for TFCs" that identifies the actions a worker must complete to secure a TFC placement after hours. While this is an important step in light of the closures of the state-operated shelters, DHS also needs to identify and support a pool of stable placements (TFCs, foster homes, and other need-based placements) that are willing to be contacted after hours or on short notice to serve not just as temporary placements, but as stable placements. DHS case practice must also change to identify kinship resources (family and community) for a child the first time a caseworker meets a child and their family.

To help ensure that any child needing a temporary shelter placement is accepted by a shelter, DHS reached out to two Youth Service Agencies in November 2015 seeking to pilot a contractual agreement for a set number of "no refusal" shelter beds. (TFCs and Youth Service shelters currently have a contractual right of refusal on placement requests.) As the Co-Neutrals noted in their last report, "no refusal" policies support placement stability by ensuring that children do not bounce from one shelter to another. DHS reports that an agreement has not yet been reached with the Youth Service agencies. However, DHS also reports that it has observed a decrease in the number of rejected referrals for placements and a decrease in the number of children ejected from Youth Service shelters. The Co-Neutrals have not verified this report by DHS.

In addition to DHS developing a strategy, which includes a plan with concrete steps, to ensure the department can maintain a listing of resource caregivers who will accept after-hours, long-term placements, DHS will need to continue to build its pool of available family-based and higher level placements to meet the needs of children in DHS custody.

Building a Full Continuum of Placements

Within its core strategies, DHS committed to develop a comprehensive strategy to expand Oklahoma's placement resources along a full continuum and to incorporate information gained through the multidisciplinary team staffing focused on the placement needs of children for whom appropriate placements have been elusive. DHS reports that the shelter lead has pursued the following activities in support of developing a continuum of placements, including: meeting with many of the new DHS foster care recruiters and private agency recruiters to share information learned about the needs of children in shelters and how potential foster families can help meet those needs.

In addition, the Co-Neutrals asked that DHS conduct an appraisal of all children ages 13 and older placed in non-family-like settings and incorporate the findings of this review into the

placement needs assessment that DHS committed to complete as an expansion to the foster home needs assessment the department has completed. DHS reported it surveyed all youth 13 years of age or older who are placed in a group home or TFC placement to assess if youth appear to be ready to step down to a lower level of care than their current placement. Of the 187 youth that completed the survey, DHS reports that 113 (60%) appear to be ready to step down from their current level of care.

The Co-Neutrals will review and discuss in their next report DHS' strategy to build its continuum of placements.

Performance Standards

In the Metrics Plan, the Co-Neutrals selected the number of "child-nights" spent in shelters as the metric to assess Oklahoma's progress in eliminating and reducing shelter use. One "child-night" is defined as "one child in a shelter at midnight." The total number of child-nights is calculated by summing the number of children in shelters at midnight for each night of the reporting period. The Pinnacle Plan includes an exception for shelter placement if the child is part of a sibling set of four or more being placed together. The Co-Neutrals have also allowed for the exception to place a minor parent with their child if necessary to keep the parent and child together (note that the child must, in fact, be placed with their minor parent). However, while the Co-Neutrals approved these exceptions, they are not automatic. For each child or youth in need of placement, DHS has committed to undertake reasonable efforts to place the child in a family-like setting, regardless of whether the child meets an exception.

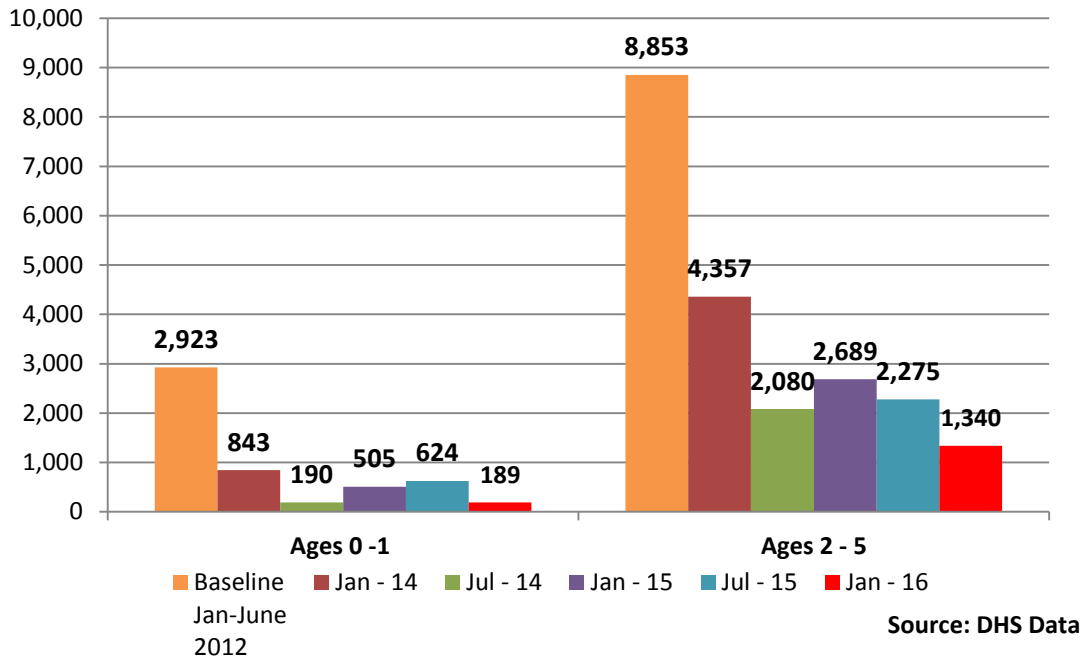
Performance for Children under Age Six, Shelter Metrics 5.1 and 5.2

Although DHS has not reached the Target Outcome of zero child-nights in shelters for children under age six, it has sustained a substantial reduction in shelter-nights in comparison to the baseline of 2,923 child-nights for children under two years of age. For the current six-month report period of July 1, 2015 to December 31, 2015, 20 unique children under two years of age spent a total of 189 child-nights in shelters. DHS reported that the shelter placements for 14 of these 20 children met an automatic exception. This represents a substantial decrease since the last six-month report period when DHS reported 36 unique children from this age group of zero to one spent 624 child-nights in a shelter. For the month of December 2015, no children under two years of age spent a night in a shelter.

For children ages two to five, the original baseline recorded was 8,853 child-nights, and DHS' most recent data shows that the number has dropped to 1,340 child-nights during this report period. These shelter nights represent 69 unique children, 22 of whom DHS reports met an automatic exception. In comparison to the last report period, DHS' data shows a decline in

child-nights for this age group – down 935 child-nights from 2,275 in July 2015. The data also shows the number of children ages two to five who spent a child-night in a shelter reduced by more than half from the last period – dropping from 144 children to just 69 children.

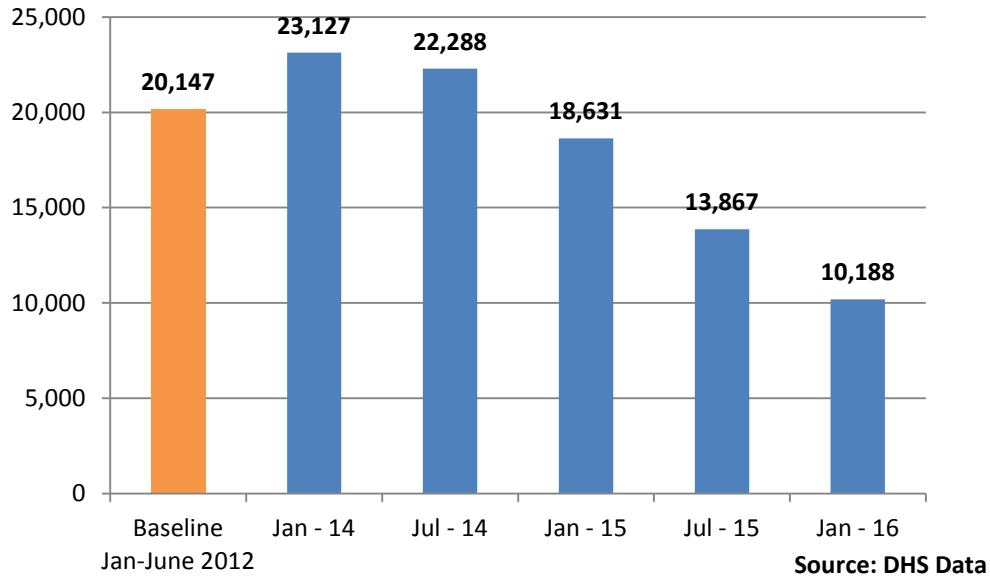
Figure 14: Metrics 5.1 and 5.2 – Shelter-Nights, Children Ages 0 - 5



Shelter Metric 5.3 – Children Ages Six to 12

For three straight report periods, DHS has shown substantial, positive declines in the number of child-nights in a shelter for children ages six to 12. During this report period, DHS reported 10,188 child-nights compared to 13,867 during the previous six-month period. These shelter nights represent 311 unique children, which is 126 fewer children than DHS reported spending a night in a shelter for the last period. As shown in Figure 15 below, DHS has achieved considerable reductions in the number of shelter-nights for children ages six to 12.

Figure 15: Metric 5.3 – Shelter-Nights, Children Ages 6 - 12

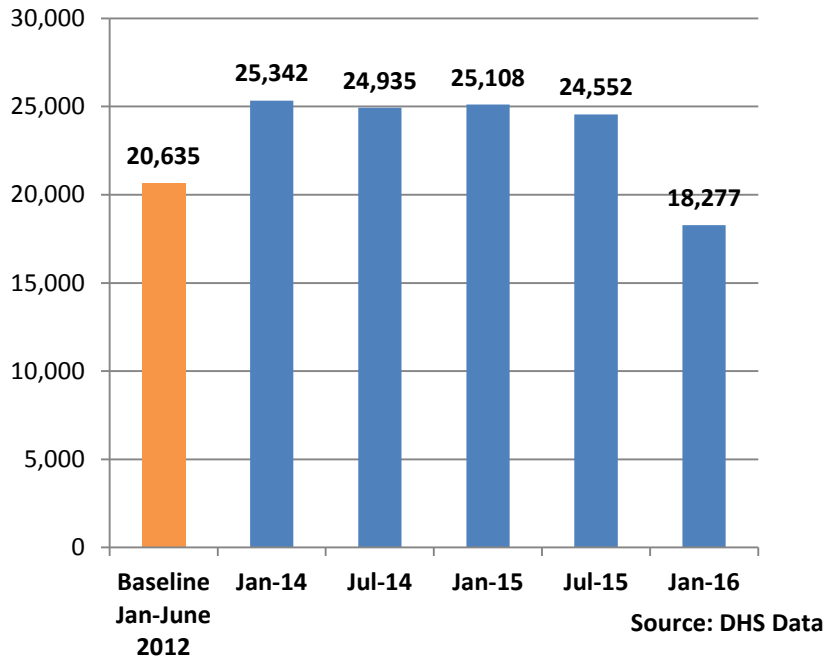


Shelter Metric 5.4 and Pinnacle Plan Commitment 1.17 – Youth 13 and Older

DHS’ Pinnacle Plan did not contemplate that shelter usage would be completely eliminated during the implementation of DHS’ reform efforts under the CSA. However, DHS did commit under the Pinnacle Plan (Point 1.17) that by June 30, 2014, children ages 13 and older would be placed in a shelter only if a family-like placement is not available to meet their needs; and further, DHS would not place any child over age 13 in a shelter more than one time within a 12-month period and for no more than 30 days in any 12-month period. DHS also committed to reduce the number of shelter nights for this older age group to no more than 13,200 child-nights by June 30, 2015.

For this report period, DHS’ has for the first time reduced the number of child-nights in a shelter for children ages 13 and older to below the baseline number of 20,635. DHS reported 18,277 child-nights for this oldest group of children, which represents a substantial, positive decline of 6,275 nights from last period’s performance of 24,552 child-nights. The number of unique children ages 13 and older who spent a night in a shelter also declined from 540 children in the last period to 442 children this period. While significant work remains ahead for DHS to substantially reduce the number of child-nights for children 13 years of age and older, this first-time, substantial drop in child-nights for this age-group is encouraging.

Figure 16: Metric 5.4 – Shelter-Nights, Children Ages 13 and Older



DHS committed that by June 30, 2015, 80 percent of all children ages 13 and older who experience a shelter stay would be in compliance with Pinnacle Plan 1.17, which requires that these older youth experience no more than one shelter stay and no more than 30 shelter nights in any 12-month period. For the period between July and December 2015, DHS reports that 26.5 percent (117) of the 441 children ages 13 and older with an overnight shelter stay were placed consistent with Pinnacle Plan 1.17, but 324 children were not.¹⁹

¹⁹ As noted above Metric 5.4, 442 children ages 13 and older spent a night in a shelter during this report period. Pinnacle Plan 1.17 measures this same cohort. However, DHS reports 441 for measure 1.17 due to a data entry lag for one teenager who entered a shelter at the end of the report period.

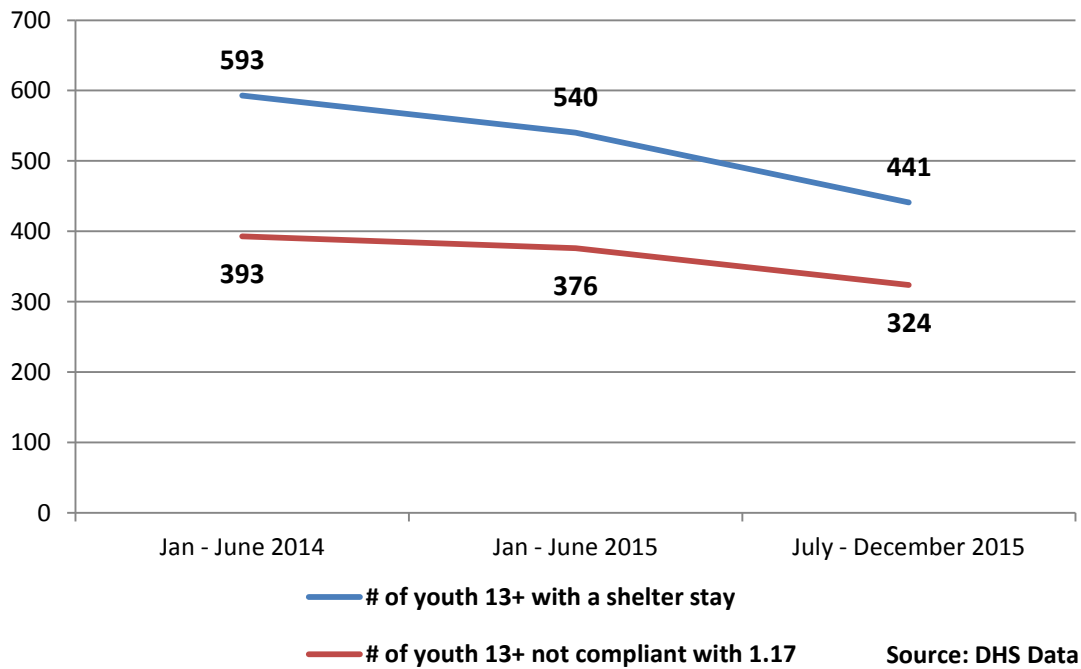
Table 5: Performance, Pinnacle Plan 1.17

Performance Categories	Baseline		Last Period		Current Performance	
	Jan – June 2014		Jan - June 2015		July – Dec 2015	
Children Age 13+, with a shelter stay of at least 1 day	593	100.0%	540	100.0%	441	100.0%
Shelter Placements Compliant with Pinnacle Plan 1.17						
Those with 1 stay, less than 31 days	200	33.7%	164	30.4%	117	26.5%
Compliant TOTAL	33.7%		30.4%		26.5%	
Shelter Placements Not Compliant with Pinnacle Plan 1.17						
Those with 1 stay, 31 or more days	136	22.9%	148	27.4%	123	27.9%
Those with 2 or more stays, less than 31 days	74	12.5%	45	8.3%	43	9.8%
Those with 2 or more stays, 31 or more days	183	30.9%	183	33.9%	158	35.8%
Not Compliant TOTAL	393	66.3%	376	69.6%	324	73.5%

While DHS’ performance on Pinnacle Plan 1.17 has negatively declined against the baseline and since the last report period, it is important to note that the number of children ages 13 or older with a shelter stay of at least one day has positively declined from the baseline by 152 fewer children.²⁰ And, while the percentage of children whose shelter placements are not compliant with Pinnacle Plan 1.17 has increased, the actual number of children who experienced more than one stay or more than 30 days in a shelter decreased by 52 children from 376 last period to 324 this period.

²⁰ The baseline for Pinnacle Plan 1.17 is separate and distinct from the baseline that was set for metric 5.4, which measures the number of child-nights youth ages 13 and older experience in a shelter.

Figure 17: Pinnacle Plan 1.17 – Youth 13+ with a Shelter Stay and Not Compliant



As DHS continues making progress to reduce the overall number of older children who experience shelter stays, its efforts should focus on ensuring these youth experience shorter stays that are not repeated in a shelter.

The table below comparatively shows the progress DHS has made from the starting baseline in reducing shelter nights for each age-group. The table highlights the dramatic reduction in child-nights DHS has made since the baseline for each age-group, particularly for children under six years old.

Table 6: Child-Nights in Shelters by Age, July 2015-December 2015 & Change from Baseline

Child-Nights in Shelters by Age	Baseline (Jan 2012-June 2013)	Performance (July 2015-Dec 2015)	Change (n)	Change (%)
0 to 1	2,923	189	-2,734	-93.5%
2 to 5	8,853	1,340	-7,513	-84.9%
6 to 12	20,147	10,188	-9,959	-49.4%
13 & Older	20,635	18,277	-2,358	-11.4%
TOTAL	52,558	29,994	-22,564	-42.9%

The Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress to reduce the number of child-nights in a shelter for all Target Outcomes in the shelter section. DHS' concerted efforts to place children in family-based settings, advanced in large part by closing the Pauline E. Mayer public shelter and discontinuing new placements in the Laura Dester public shelter, resulted in substantial reductions in DHS' shelter population. To continue down this path of success in reducing shelter-nights, DHS will need to move steadily to decrease its ongoing reliance on the state's private shelters for child placements.

At the beginning of this reform effort, most stakeholders within, and outside of, DHS did not believe that DHS would close its long-standing public shelters, especially since closing the shelters was not required under the settlement agreement. DHS' leadership, on their own accord, decided to close the two largest public shelters as one strategy to reduce the use of shelter nights for children and youth in Oklahoma. DHS' team, at every level of the organization who helped make this happen, are to be commended for their commitment and efforts to create a presumption for family-based placements for children.

Use of Private Shelters

Also in its core strategies, DHS committed to strengthen its partnership with the Oklahoma Association of Youth Services (OAYS), which represents all the Youth Service shelters in the state. With the impending closure of both state-run shelters, DHS recognized the need for continued partnership with OAYS, not only because the Youth Service Agencies manage the shelters DHS continues to use across the state, but also because these agencies are locally-based organizations that are already working to support the needs of their communities, including the children and families DHS serves. DHS has opened discussions with OAYS and its agencies about ways to collaborate and expand their working relationship, which now includes many of the agencies contracting with DHS to recruit and manage new foster homes. In addition, six of the Youth Services shelters are engaged in an innovative project with national consultants called the "Provider Exchange." This initiative provides a peer-to-peer learning forum for child and family services organizations that are striving to adapt their residential-institutional services to community-based services. DHS' national consultants have paired six of Oklahoma's Youth Service Agencies with a peer leader who is providing guidance and other supports.

As noted earlier in this section, DHS has begun its efforts to reduce the number of children placed at the Youth Services shelters through its multidisciplinary teams' staffing of each child. As the Table 8 below shows, DHS placed a total of 672 children in one of the 27 non-public shelters during the period of July 1, 2015 to December 31, 2015.

Table 7: Child-Nights by Shelter, July 1, 2015 to December 31, 2015

Age Group	Total Child-Nights	Shelter			% Other Shelters	% Laura Dester and Pauline Mayer Shelters
		Other Shelters	Laura Dester	Pauline E. Mayer		
Age 0-1	189	152	24	13	80%	20%
Age 2-5	1,340	790	530	20	59%	41%
Age 6-12	10,188	6,797	2,976	415	67%	33%
Age 13+	18,277	14,570	3,366	341	80%	20%
Total Child-nights	29,994	22,309	6,896	789	74%	26%

Table 8: Unique Children by Shelter, July 1, 2015 to December 31, 2015²¹

Age Group	Total Unique Children	Shelter			% Other Shelters	% Laura Dester and Pauline E. Mayer Shelters
		Other Shelters	Laura Dester	Pauline E. Mayer		
Age 0-1	20	15	3	2	75%	25%
Age 2-5	69	42	26	6	61%	46%
Age 6-12	311	230	73	14	74%	28%
Age 13+	442	385	83	19	87%	23%
Total Children	842	672	185	41	80%	27%

Note: Children who stayed in more than one shelter category were counted for each category. Because of this, not all percentages add up to 100 and the shelter columns may not add up to the total unique children in each row.

As was done with the public shelters, DHS needs to understand the population of children and youth in these private shelter settings, and what resources and supports are needed for these children to move to more stable placements.

²¹ Children who stayed in more than one shelter category were counted for each category. Because of this, not all percentages add up to 100.

E. Child Maltreatment in Care

The CSA requires DHS to reduce abuse and neglect of children in its custody, known as Maltreatment in Care (MIC), which Oklahoma tracks and reports in two distinct categories, based on the type of perpetrator. The first (Metric 1a) consists of alternative caregivers: a foster parent, therapeutic foster parent, kinship parent, or institutional staff person (all referred to as resource caregivers). The second (Metric 1b) involves abuse or neglect by a parent while the child is in DHS' custody.

Because child safety is fundamental to this reform effort, protecting children in DHS custody from abuse and neglect must be the department's top priority. DHS designed the Pinnacle Plan in 2012 with an emphasis on achieving early and ongoing gains in reasonable workloads for overburdened staff and an ample supply of foster families for children in need. Neither materialized in those first years due to reasons discussed in previous Commentaries, and as a result, DHS was inadequately prepared to address the child safety imperatives of this reform effort, a situation made worse by a sharp rise in the custodial population.

Because of the state's high rate of child maltreatment in care (MIC), and despite DHS not yet having attained reasonable workloads for most staff in 2015, the Co-Neutrals last year required DHS to develop core strategies focused on reducing maltreatment of children in DHS' custody. DHS began implementing many of the strategies in September 2015, with most of the activities still in the early stages of implementation at the end of 2015. Since the MIC data for this report period covers October 2014 through September 2015, the impact of DHS' efforts to implement these core strategies is not reflected in the data verified for this report period. DHS' implementation of its MIC core strategies was only in its earliest stages in the second half of 2015, and there is insufficient evidence to enable the Co-Neutrals to draw a judgment on the quality of the department's efforts to keep children in care safe during the current report period. What is clear, however, is that this work must be viewed at every level of the organization as the state's highest priority. The rate of child maltreatment in care in Oklahoma is unacceptably high, among the highest in the nation, and every effort must be made to implement the core strategies fully to better protect the children who rely on Oklahoma for their safety and protection.

The core strategies designed by DHS focus on specific deficiencies that both DHS and the Co-Neutrals separately identified through distinct case record reviews of substantiated referrals of abuse and neglect. The Co-Neutrals' review, completed in April 2015, entailed a comprehensive, independent assessment of all 147 MIC child abuse and neglect substantiations in federal fiscal year 2014 (October 2013 to September 2014) which represented abuse and/or

neglect findings for 247 children.

The Co-Neutrals surfaced recurring concerns in MIC cases perpetrated by resource caregivers in family-based placements (foster homes, TFCs and kinship homes), including: extensive records of previous Hotline calls on foster homes that had been screened out, ruled out, or unsubstantiated for the same or similar abuse/neglect allegations or that revealed patterns of concerning conditions; evidence of abuse/neglect, or the risk thereof, that should have been observable in the course of required monthly visits with the child and quarterly visits with the foster parents; and, stressors and lack of support experienced when foster homes were overfilled or had multiple placements that included special needs children. DHS, in its MIC case record review, identified similar concerns.

The Co-Neutrals' case record review of child maltreatment substantiations in facilities identified the following concerns: some facilities received multiple MIC substantiations during the review period; corrective action plans developed after a MIC substantiation did not always address all identified concerns in the facility and were not consistently documented to track and confirm implementation; and, certain facility staff frequently used excessive or inappropriate force to address children's behavior rather than applying de-escalation techniques.

Core Strategies to Reduce MIC in Family-Based Placements

DHS' core strategies focus on strengthening policy, practice and formal Instructions to Staff (ITS) to increase oversight, monitoring, and support of foster families, as well as to conduct more detailed assessments of a child's safety when placed in foster, kinship or TFC homes.

Both the Co-Neutrals' and DHS' MIC case record reviews identified foster homes with prior abuse and neglect referral histories that warranted closer review at the time. In response to this finding, DHS committed to undertake heightened, joint reviews by the assigned permanency and foster care workers and their supervisors of all referrals received on a foster home regardless of DHS' decision to accept the referral for investigation or screen it out. During the joint review, staff are required to develop a plan, if necessary, to address any service or other support needs identified for the family or child(ren), and specify time frames for the plan's implementation and monitoring.

In addition, DHS has established a protocol that increases oversight and monitoring of written plans of compliance (WPC) to address areas of concern with specific foster homes and ensure the plans are resolved timely. DHS' national consultants are providing training to all DHS and private agency foster care staff on how to develop, monitor and resolve a WPC. The ongoing reviews of referrals and written plans of compliance on foster and kinship homes are important safeguards that DHS will need to monitor for consistent implementation among its caseworkers

and to do so in a manner that balances the ever-important need to support the state's foster families that are committed to providing safe and caring homes for Oklahoma's children in care.

Also related to referral histories, DHS conducted a review of its Child Abuse and Neglect Hotline (CANH) and identified significant concerns with the Hotline's capacity to gather essential information from callers, to conduct a thorough review of prior CPS history on a home, including open or closed investigations/assessments or cases, and to assign the correct disposition to the referral. DHS identified ample opportunities to strengthen staff decision-making on whether to screen out a referral or assign it for investigation. Deficiencies DHS identified with its Hotline corroborate concerns the Co-Neutrals identified in a significant number of MIC cases in which referrals presenting similar allegations to those eventually substantiated were previously screened out.

In response to its findings from its review, DHS developed a Hotline Performance Improvement Plan, which focuses primarily on training and guiding staff based on lessons learned from supervisors listening in and reviewing hotline calls and tracking and assessing any patterns of disputed referrals. (See Appendix G for Hotline Improvement Plan).

The Co-Neutrals urged DHS to address concerns related to prior referrals regardless of their ultimate disposition and findings and ensure that referral histories are appropriately considered when deciding to screen out repeat referrals regarding the same family-based placement. DHS amended its Hotline Performance Improvement Plan, committing to review screened out referrals for a period of 90 days in order to develop a plan to address any deficiencies identified in the 90-day review, work that is currently underway.

In its core strategies, DHS included an enhancement to the monthly visits that caseworkers complete with children in foster care by specifically requiring documentation that the caseworker conducted a safety assessment with the child. In completing their monthly visits, caseworkers must document in every child's KIDS record their findings from the visit according to categories outlined in a set contact guide. DHS acknowledged that the contact guide had previously focused only on areas of a child's well-being but not sufficiently on safety. DHS updated its monthly contact guide in KIDS to now require that caseworkers document the results of a discussion with every child (as age appropriate) related to safety, such as the type of discipline methods that are used in the home. DHS also now requires that children must be interviewed separately from their foster family during each monthly visit, instead of quarterly, as was formerly required.

To ensure that all families applying to be foster parents are thoroughly and consistently assessed through background checks, DHS is in the process of developing a statewide

centralized background check process for all foster home approvals. DHS had initially planned to implement the centralized process by the end of 2015. However, DHS has retargeted full implementation until the summer of 2016 in order to have the Office of Inspector General, not child welfare staff, manage the law enforcement background reviews. The system is currently being piloted in Cleveland County while the necessary emergency rule-making changes are finalized to allow for statewide implementation. As part of the heightened background check, DHS also strengthened its formal Instructions to Staff to include a joint review by both the foster care specialist and foster care supervisor, and field manager and/or district director when applicable, when any home seeking approval or renewal has anything in their history of possible concern, including multiple referrals (including those screened out) for any existing foster home going through their annual reassessment.

To address concerns regarding placement overfills, which is the practice of placing more children in a home than is sanctioned, DHS committed to strengthen the process to approve placement overfills for foster homes that are at maximum capacity. Maximum capacity for foster homes is defined as a family providing care for five children in DHS custody or more than six children in total or two children younger than two years of age. In the event of a request to overfill beyond maximum capacity, approval is now required by the deputy director of foster care and the deputy director for the region managing the child's case. In addition, each overfill request must now include a plan to provide any additional services or supports needed by the children or family in order to provide a safe and stable placement. In light of Oklahoma's high rate of child maltreatment, the Co-Neutrals in January 2015 urged DHS to consider a similar heightened review of requests to overfill a home beyond its approved capacity, i.e., beyond even one or two children if that is the number of children DHS initially approved the home to accept. The Co-Neutrals continue to recommend that DHS adopt the practice as quickly as possible.

Core Strategies to Reduce MIC in in Facilities

In the area of facilities or higher level placement settings, DHS began to implement a series of commitments that expand and strengthen oversight, monitoring and engagement with the higher level institutions where children most frequently experience incidents of abuse and neglect. In September 2015, DHS conducted a review of data from May through July 2015 and identified 10 facilities that had the highest number of substantiations of child abuse or neglect. In January 2016, DHS identified one additional facility, for a total of 11 institutions.

These 11 facilities became subject to a Heightened Monitoring Plan under the core strategies, which include, among other activities, quarterly audits with facility leadership to review agency data and performance; bi-weekly heightened monitoring meetings within DHS to track

progress; and a formal accountability process when improvements are not realized by set deadlines. Each facility is assigned a DHS heightened monitoring team that includes representatives from DHS' Office Client Advocacy (OCA), Specialized Placements and Partnerships Unit (SPPU) and child care licensing staff, the Oklahoma Health Care Authority and the University of Oklahoma National Resource Center for Youth Services. By early 2016, DHS had completed two rounds of audits with each of the 10 facilities initially selected for additional monitoring.

In addition to the 11 facilities identified for heightened monitoring based on their referral histories, DHS reports that all of its contracted group home providers and one other higher level provider agreed to participate in assessments of their programs with DHS and to develop plans of improvement based upon the recommendations outlined in their assessment report.

Implementing the core strategies to reduce maltreatment in facilities has required DHS to develop a more focused and disciplined SPPU leadership team. SPPU is the unit that is responsible for working with all agencies and facilities that provide higher level placements. SPPU is responsible for managing the program and service commitments in the contracts with these agencies, facilitating child placements in facilities and ensuring that facilities implement any corrective actions deemed necessary to provide a safe environment for children in their care. In their MIC case record review completed in 2015, the Co-Neutrals and DHS found that SPPU did not ensure corrective action plans were sufficiently designed to remedy conditions that lead to MIC substantiations or policy violations and did not consistently track and enforce the implementation of action plans that were developed with facilities.

Under the core strategies, DHS created a comprehensive protocol that more clearly defines and strengthens the action steps that DHS and the facilities must take during and following an investigation of maltreatment and the roles of all parties involved. (See Appendix F for the comprehensive protocol). The new protocol establishes a series of deadline-driven actions that DHS staff is responsible for completing, in conjunction with facilities, to ensure facilities are satisfactorily correcting and addressing any areas of concern identified during the investigation to prevent future incidents of abuse or neglect.

The new protocol defines the purpose, roles and timeframes for Corrective Action Plans (CAP), which are steps, actions, or strategies a facility must implement to correct or address behaviors or conditions associated with an individual employee(s) found responsible for abuse/neglect or any behavior of concern. DHS established Facility Action Step (FAS), which are actions, steps, or strategies a facility must implement to correct or address areas of concern identified within an agency's broader culture, operations, services or contract compliance. The Co-Neutrals' MIC case record review revealed that facilities that had multiple incidents of maltreatment or policy

violations were not monitored in the context of identifying what, if any, chronic or pervasive conditions may exist that lead to multiple incidents. Most of the CAPs that the Co-Neutrals reviewed resulted in the termination of individual staff members but never assessed or addressed any facility-wide concerns.

As such, DHS identified the need for a Facility Services Plan (FSP), which is a comprehensive rolling document created and maintained by SPPU facility liaisons to document, track and monitor a facility's referral history, each Corrective Action Plan and Facility Action Step that has been developed to address concerns identified during an investigation, and any other concerns or issues about the facility that surface during the heightened monitoring team audits. DHS is in the process of making changes to its KIDS data system to allow the department to manage all FSP records within the electronic KIDS file DHS maintains for every facility. Until the changes are complete in KIDS, DHS is using manual versions for each of the 11 facilities and moving toward using the KIDS form to manage FSPs for all facilities where DHS places children. If consistently and thoughtfully updated and used, the FSPs will provide DHS with the opportunity and tool to identify and swiftly respond to emerging concerns or challenges in a facility that pose a risk to child safety.

DHS also committed to develop a standardized interview guide for SPPU liaisons and caseworkers to use when meeting with children in higher levels of care to assess their safety within the context of a facility setting. DHS is still in the process of finalizing the interview tool, after which the department promises all permanency caseworkers will be trained on the new guide and how to use it.

The last component of DHS' efforts to improve child safety in facilities involves two changes to DHS' contracts with group homes. First, DHS added language to the contracts, mandating that all facilities use a single model of positive behavior management known as Managing Aggressive Behavior (MAB), which emphasizes prevention, de-escalation and, when necessary, non-pain producing restraints. To support the facilities' transition to and success with the new model, DHS expanded its contract with the University of Oklahoma National Resource Center for Youth Services to provide to the staff of all facilities MAB training and certification and ongoing technical assistance. DHS has also trained all SPPU facility liaisons and OCA investigators in MAB so that they too are equipped to guide and support the facilities in their use of the model, as well as properly identify any policy violations or evidence of abuse or neglect when the model is not applied correctly.

DHS also amended the group home contracts to include language that holds providers financially accountable for significant non-compliance or on-going safety-related issues. These contract changes took effect on February 1, 2016.

In their totality, these DHS core strategies to keep children safe represent wide-scale system changes that must be fully implemented statewide and system-wide. Again, it is important to emphasize that due to the lag time in reporting MIC data and the early implementation stage of these core strategies, the performance outcomes reported for this period cannot reflect the effects of these efforts.

Child Safety: Abuse and Neglect by Resource Caregivers While Child is in the Legal Custody of DHS, Metric 1a

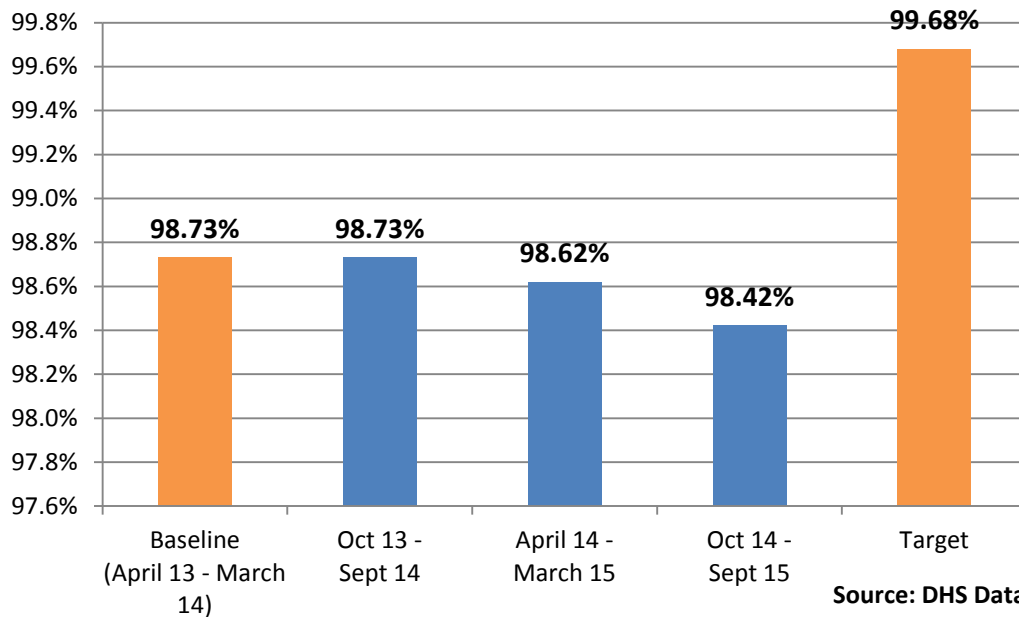
DHS and the Co-Neutrals agreed DHS would review safety for children in care using two indicators. First, DHS tracks and reports publicly the number of children abused or neglected by a resource caregiver on a monthly basis. Second, DHS and the Co-Neutrals adopted the federal metric applicable at the time (though it has since been revised by the federal government in 2015), “Absence of Child Abuse and/or Neglect in Foster Care,” which represents the percent of all children in foster care during a 12-month period who were not victims of substantiated maltreatment by a foster parent or facility staff.²²

For this metric’s report period, which covers the 12-month period of October 1, 2014 to September 30, 2015, DHS reported that 265 children out of 16,808 in DHS custody were victims of child maltreatment. This represents a rate of 98.42 percent of children in DHS custody during the period who were not victims of child maltreatment. For DHS to have met the Target Outcome of 99.68 percent children in custody absent of child maltreatment, DHS would have had to keep an additional 212 children safe from abuse and neglect by a resource caregiver.

During the baseline period, April 2013 to March 2014, DHS reported 98.73 percent of children in DHS custody were not victims of child maltreatment and reported the same outcome of 98.73 percent during the report period of October 2013 to September 2014.

²² In October 2014, the federal Children’s Bureau changed the metric it uses to assess state child welfare efforts to reduce maltreatment in care. The new federal metric combines maltreatment in care by resource caregivers and by parents, with some additional adjustments to the methodology. For consistency and comparability, the Co-Neutrals will continue to use the two metrics listed here in their reporting.

Figure 18: Metric 1a – Absence of Maltreatment in Care by Resource Caregivers



In addition to publicly reporting performance on this metric semi-annually, DHS publicly reports substantiations of child maltreatment in their monthly data. Over the same 12-month period, October 1, 2014 to September 30, 2015, DHS reported 326 substantiations of child abuse and neglect by a resource caregiver. Of these, 60 substantiations are not included in the federal metric adopted by the Co-Neutrals as Measure 1a for two reasons: (1) 54 cases of child abuse or neglect were excluded because, according to the federal methodology in place at the time the Metrics Plan was finalized, both the referral date (date when an allegation is made to DHS) and findings date (date when the case is substantiated by DHS) must exist in the same 12 month reporting period; and (2) six cases were not counted in the metric because they represent multiple substantiations for the same child.²³

Of the 326 substantiations of maltreatment reported in the monthly data, 248 substantiations (76%) are for children in foster care, while 78 substantiations (24%) are for children in facilities or higher level institutions.

Child Safety: Abuse and Neglect by Parents While Child is in the Legal Custody of DHS, Metric 1b

The Co-Neutrals adapted the methodology utilized in the preceding section, Abuse and Neglect by Resource Caregivers, to measure abuse and neglect by parents while a child is in the legal

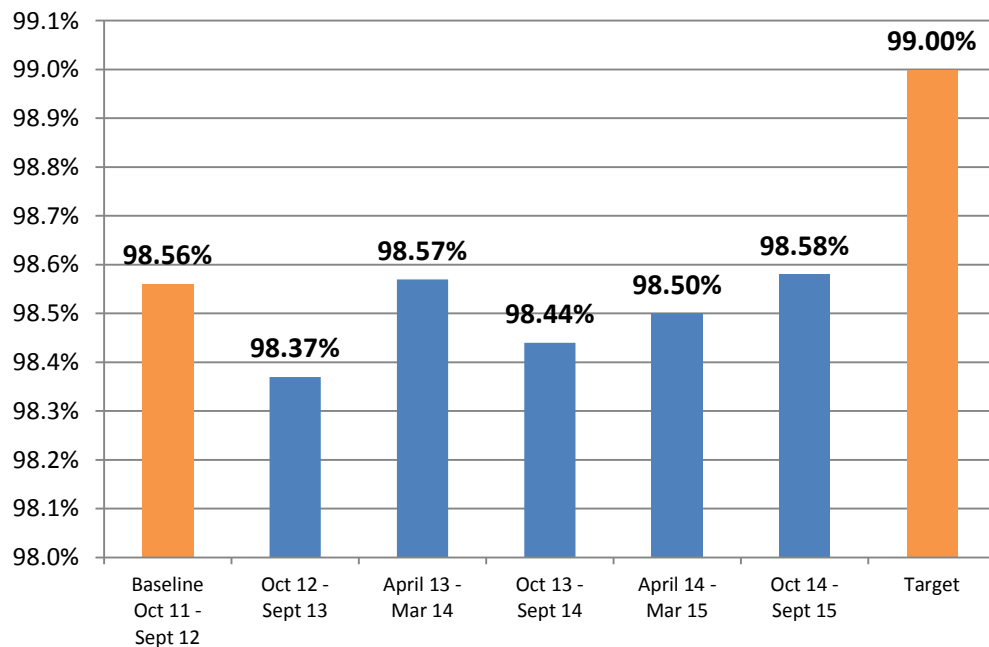
²³ One additional substantiation was included in the monthly data but excluded in DHS’ federal reporting as further review confirmed that the child was not in custody at the time of the incident.

custody of DHS. This includes the significant population of children who remain the legal responsibility of DHS but who reside in, or have been placed back in, their homes of origin for trial home visits. In Oklahoma, children can experience trial home visits for months, and DHS recognizes the importance of closely monitoring their safety.

This metric for “Abuse and Neglect by Parents While Child is in the Legal Custody of DHS,” measures performance this way: Of all children in the legal custody of DHS during the reporting period, the number and percent of children who were not victims of substantiated or indicated maltreatment by a parent and the number of children who were victims over the 12-month period.

For this report period, October 1, 2014 to September 30, 2015, DHS served 16,808 children in custody, 238 of whom had parents who abused or neglected them while the children were in DHS custody, yielding a performance rate of 98.58 percent against a target of 99 percent. For DHS to have reached the target during this period, the agency would have had to prevent maltreatment for an additional 70 children. There was a slight improvement of DHS’ performance this period compared to the previous 12-month report period, April 2014 through March 2015, where 250 children were maltreated by their parents while in DHS’ custody. This represented a performance rate of 98.50 percent.

Figure 19: Metric 1b – Absence of Maltreatment in Care by Parents



Source: DHS Data

In DHS' monthly-reported data for this 12-month period, DHS shows an additional 63 substantiations of maltreatment of children by their parents while in DHS custody. These 63 substantiations are not included among the 238 children reported in the measure because of the same federal exceptions applicable in Metric 1a: 51 are excluded because the referral date (date when an allegation is made to DHS) and findings date (date when the case is substantiated) do not exist in the same 12-month reporting period; and, 12 are excluded because of other exclusionary criteria.²⁴

The fact remains that the Target Outcomes data for this report period reflect an increase in the number and percentage of children in custody who have been maltreated. There is an urgent need for action by DHS to keep children in its custody safe from abuse and neglect and DHS will need to maintain intense and steady focus on implementing its core strategies completely and statewide. DHS also must continuously assess if these strategies are proving to be effective and if additional or different core strategies are needed to keep children safe from abuse and neglect.

For this report period, the Co-Neutrals reserve judgment on DHS' efforts to achieve substantial and sustained progress toward the Target Outcomes. The Co-Neutrals' finding to reserve judgment is based upon the Co-Neutrals' recognition that during this report period DHS has made efforts to craft and begin implementation of a comprehensive set of core strategies to reduce maltreatment in facilities and foster homes. However, as the Co-Neutrals discussed with DHS leadership and Plaintiffs, DHS did not implement some of the concrete activities established under the core strategies as rapidly as anticipated or staggered implementation in the final months or weeks of the year. The Co-Neutrals intend to monitor the continued roll-out of DHS' efforts to keep foster children safe and the impact of these efforts on child safety.

For the next Commentary, the Co-Neutrals plan to base their judgment of DHS' efforts, in part, on a case record review that will focus on child maltreatment findings in 2016 and an examination of how well DHS has implemented its core strategies. The Co-Neutrals will also monitor DHS' ongoing assessment of the effectiveness of its core strategies in order to adjust focus as needed to reduce abuse and neglect in care.

²⁴ The other exclusionary criteria include additional federal exclusionary rules, data entry errors or lags and other data system related discrepancies.

F. Caseworker Visitation

DHS leadership understands that regular, quality visits by the same caseworker with the same child are associated with achieving more timely permanency; building relationships between caseworkers, children and caregivers; and providing opportunities to assess children's safety and well-being from visit to visit. The CSA includes two performance areas related to caseworker visits: the frequency of caseworker visits, which is defined as the number of required monthly visits completed with children in care; and, the continuity of visits by the same caseworker. For frequency of visits, the Metrics Plan establishes that DHS will report the following:

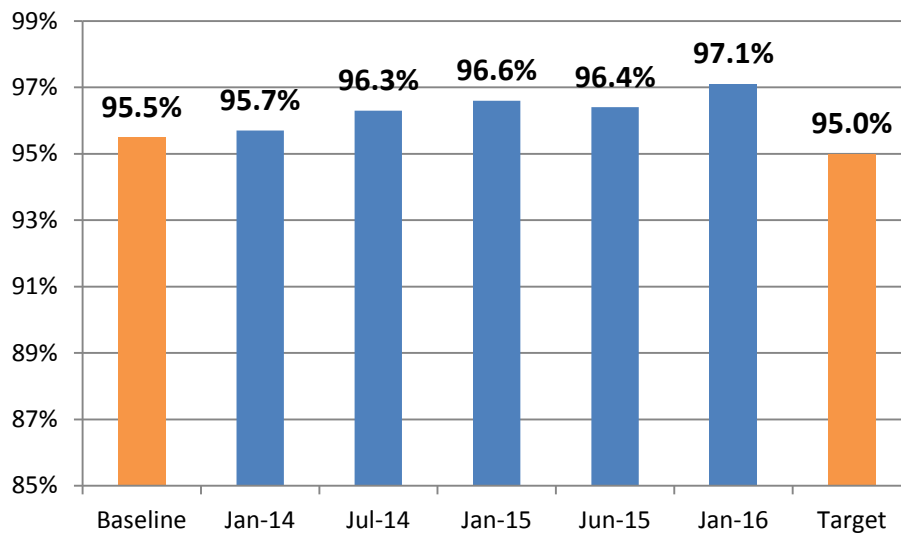
3.1: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between caseworkers and children in foster care for at least one calendar month during the reporting period.

3.2: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between primary caseworkers and children in foster care for at least one calendar month during the reporting period.²⁵

Regarding Metric 3.1, DHS reported that caseworkers made 121,799 (97.1 percent) out of 125,417 required visits with children during the reporting period of January 1, 2015 to December 31, 2015. The baseline for DHS' performance was an already strong 95.5 percent of all required visits made. DHS has consistently shown in every report period to date performance that exceeds the Target Outcome of 95 percent for this metric. For the current report period, DHS' data shows that DHS caseworkers made 97.1 percent of their required monthly visits with children in DHS custody. This performance outcome surpassed all previous reports periods and the Target Outcome.

²⁵ During this reporting period, DHS proposed, and the Co-Neutrals approved, a change to the methodology of metric 3.2. The change allows DHS to exclude from this measure children who are placed out of state because it is an assigned caseworker from the host state who is responsible for making the monthly visits with these children and not the DHS caseworker who shows in DHS' data system as the primary worker. DHS' assigned primary workers continue to monitor that children on their caseloads who are placed out of state are visited at least monthly by a caseworker in the host state.

Figure 20: Metric 3.1 – Frequency of Visits by All Workers

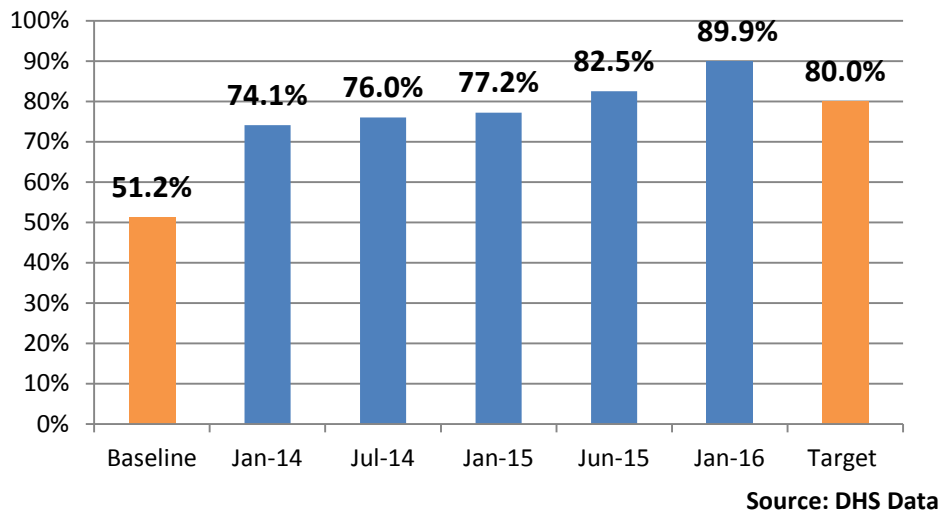


Source: DHS Data

Visits with children are a priority within the Oklahoma child welfare system and the many workers interviewed by the Co-Neutrals feel strongly that they must see the children on their caseloads at least once per month. This continues to be a strength of the system with DHS meeting the target over six consecutive reporting periods. The Co-Neutrals conclude that DHS has made good faith efforts to achieve substantial and sustained progress with the Target Outcome for Metric 3.1.

The second indicator, Metric 3.2, measures monthly required visits made by primary caseworkers only. To improve casework practice, DHS decided in its Pinnacle Plan to end the use of secondary workers across the state by January 2014. The Co-Neutrals approved DHS' request to stagger implementation of this commitment until January 1, 2015. During the current report period (January through December 2015), DHS reported that primary workers made 108,935 (89.9 percent) of the 121,139 required monthly visits with children in DHS custody. For monthly visits conducted by primary workers only, the baseline for DHS' performance was 51.2 percent and the interim target due by the end of FFY2015, which was September 30, 2015, was 80 percent. DHS exceeded this 80 percent Target Outcome for the second consecutive report period. The final target of 90 percent for this metric is due at the end of FFY16, which is September 30, 2016.

Figure 21: Metric 3.2 – Frequency of Primary Worker Visits



DHS has continued to trend positively in this performance area, which reflects DHS’ ongoing, focused work to end the use of secondary workers. The Co-Neutrals conclude that DHS has made good faith efforts to achieve substantial and sustained progress with the Target Outcome for Metric 3.2.

Performance Metrics for Continuity of Visits, Metrics 3.3a and 3.3b

The measure the Co-Neutrals use to assess Oklahoma’s progress on continuity of children’s visits with the same caseworker was staged in two phases. First, DHS reported on the continuity of visits over three months (Metric 3.3a).²⁶ DHS is now in the second phase, reporting for the second time its performance outcomes on continuity of visits over six months (Metric 3.3b). This is a more stringent measure than 3.3a as maintaining continuity for six months presents a greater challenge than doing so for three months. Metric 3.3b measures the following:

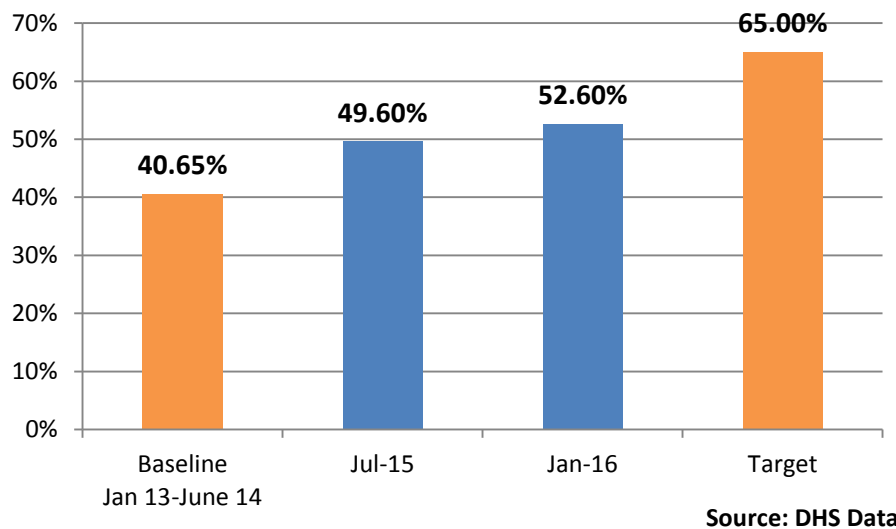
The percentage of children in care for at least six consecutive months during the reporting period who were visited by the same primary caseworker in each of the most recent six months, or for those children discharged from DHS legal custody during the reporting period, the six months prior to discharge.

DHS’ performance for this period continued to improve from the baseline that was set at 40.65 percent. For this reporting period from January 1, 2015 to December 31, 2015, DHS reports that

²⁶ DHS is no longer required to report on Metric 3.3a, which measured three month continuity of visits with the same primary caseworker.

9,997 children required at least six consecutive visits. Of these 9,997 children, 5,259 children (52.6 percent) were visited by the same primary worker in their most recent six months in care. This represents an improvement of three percentage points from last period when DHS reported performance on this metric at 49.6 percent. The final Target Outcome is 65 percent.

Figure 22: Metric 3.3b – Continuity of Primary Worker Visits Over Six Months



In this area, as well, DHS' good faith efforts to eliminate secondary casework assignments and improve worker retention, as discussed more fully in the caseloads section of this Commentary, have contributed to DHS' ability to show improved performance in the continuity of visits with the same primary caseworker. As the Co-Neutrals emphasized in prior Commentaries, DHS' continued focus on stabilizing its workforce through lower turnover and improving caseloads should produce even greater gains toward the Target Outcome for this performance area. The Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for continuity of visits over a six-month period.

Enhancing Monthly Visits

DHS understands that as caseloads continue to improve and more workers have manageable caseloads, it is expected that case practice will be further strengthened, including in the area of monthly visits. The success of the core strategies in multiple performance areas (MIC, placement stability, foster homes, and permanency) relies, in part, on the quality and thoroughness of a worker's monthly visit to both assess and address issues pertaining to a child's safety and stability in his or her placement, and a child's achievement of timely permanency. Monthly visits are also used to support foster parents in their important service, and to ensure they are sufficiently informed and involved in their foster child's case.

Manageable caseloads are a first and important step to ensure workers have the time needed to focus on the needs of the children and families they serve. DHS also needs to ensure that caseworkers have clarity on best practices with children and families through DHS' formal Instructions to Staff, as well as the training and skills needed to most effectively use visits with children to promote their safety, well-being and permanency.

G. Placement Stability

The CSA requires that DHS establish performance targets to provide stability for children in the state's custody by reducing the number of times a child moves to a new placement. It is widely understood and reported that placement instability causes trauma for children and is associated with increased behavioral challenges, poor educational and health outcomes, and longer waits to permanency.

Performance Standards

The Co-Neutrals and DHS agreed to use the federal Adoption and Foster Care Reporting System (AFCARS) files and definitions for placement moves to measure children's placement stability. This report reviews performance data for the period October 1, 2014 through September 30, 2015 for Metrics 4.1 a, b and c and Metric 4.2, as well as DHS' ongoing efforts through December 31, 2015 to improve placement stability for children in DHS' custody.

Performance Outcomes

As previously described by the Co-Neutrals, DHS needs to establish a robust continuum of care of placements (foster homes, TFCs and higher levels of care) and manageable caseloads to create and support the conditions to achieve placement stability for most children in Oklahoma's custody. At the same time, DHS must strive to put in place a practice model that both supports and requires staff to meet the needs of foster parents and the children in their care, through every step of the placement process. DHS established core strategies designed to promote better case practice through the use of new placement protocols and enhanced availability of wrap-around services to support foster parents and children at risk for placement disruptions.

For this report period, DHS' performance declined since the previous period on all four of the placement stability metrics as detailed in Table 9 below. Metrics 4.1 a, b and c report on the number of children who experience two or fewer placements within different lengths of time in DHS custody (e.g., 12, 24 or 36 months), while Metric 4.2 reports on the number of children who experience two or fewer placements after their first 12 months in care. DHS reports a

marked drop in performance for Metric 4.1a as performance declined significantly from 77.2 percent of children experiencing no more than two placements within their first year in DHS custody to 71.3 percent this period – a drop of 5.9 percentage points.

Table 9: Placement Stability Baselines, Targets, and Current Performance

Metric	Baseline Oct 2011 - Sept 2012	Target June 30, 2016	Performance April 2013 – March 2014	Performance Oct 2013 – Sept 2014	Performance April 2014 – March 2015	Performance Oct 2014 – Sept 2015
4.1(a): percent of children in custody with 2 or fewer placements who are in care less than 12 months	70.0%	88.0%	74.4%	76.1%	77.2%	71.3%
4.1(b): percent of children in custody with 2 or fewer placements who are in care more than 12 months but less than 24 months	50.0%	68.0%	52.3%	54.0%	55.9%	54.0%
4.1(c): percent of children in custody with 2 or fewer placements who are in care at least 24 months	23.0%	42.0%	26.0%	27.5%	30.0%	29.3%
4.2: percent of children in care more than 12 months, with 2 or fewer placements after their 12 months in care	74.0% (Apr. '12– Mar. '13)	88.0%	78.0%	77.7%	78.5%	78.0%

Since the start of DHS’ reform efforts, performance outcomes related to placement stability have shown slight improvements every report period, with the average change in performance for each placement stability metric ranging from .7 to 1.7 percent. These changes, mostly positive, have been incremental. As such, a drop of 5.9 percent for Metric 4.1a raises concerns on a number of levels, and also moves DHS very close to its 2012 starting baseline for this measure. This decrease stems primarily from placement moves experienced between April and September 2015 for children within their first year of custody.

The impact of this negative spike in DHS’ data will be lasting, as the children who crossed the threshold of instability (three or more placements) in 4.1a during this report period (again, mostly in the second half of the period) will continue on a rolling basis to be counted in the next three report periods in Metrics 4.1 a and b, and subsequently in Metric 4.1c until these children exit care. This is because once a child’s total placement moves count as a negative outcome in 4.1a, they will count the same in 4.1 b and c even if the child becomes completely stable in one placement through both their second and third years in DHS’ custody. It is for this reason that DHS and the Co-Neutrals established Metric 4.2, which serves as a reset button to assess placement stability for children after their twelfth month in DHS custody.

DHS is conducting a case record review to delve into placement practices to understand if new placements are carefully managed to best match children with the appropriate placements and to ensure that they and their caregivers have the resources and supports needed for placement stability. For this placement stability case review, DHS is beginning with a focus on children removed in the areas surrounding the PEM and LD shelters to assess how well the field is adjusting to, and supporting placements, without having the two large public shelters to rely on, particularly for children with more challenging placement needs.

Core Strategies

During the previous report period, DHS began to implement core strategies designed to focus DHS' practice on making a child's first placement their best placement and to support foster families and children with supports and services at the first sign of any risks of a placement disruption.

DHS' first strategy entails new placement stability protocols that a child's permanency caseworker, with the support of key provider agencies, will follow to identify the specific needs of children who may be at risk for placement instability based on any behavioral or other challenges identified by the placement process. (See Appendix H for placement disruption protocol). The new protocol is designed to: guide staff to support the needs of the child and their foster family at the time of initial placement; initiate services as soon as a caseworker learns of any new concerns or instability; and, in the event a child's placement disrupts, provide services to stabilize their next placement. The protocol also details the process for gathering the supports necessary to stabilize placements when a child steps down from a higher level of care to a family-based placement. DHS has been piloting this new protocol in every district of Region 4, as well as four other districts including Oklahoma City and Tulsa. In these pilot districts, DHS has trained district directors, supervisors, caseworkers and community partners on the protocol.

The protocols developed by DHS are thorough and specific, however, currently may be too detailed to function as an easy guide for staff. In day-to-day practice, DHS' challenge will be to ensure that the practices contained in the protocols are followed, and that overall practice shifts to support children and foster parents to avoid disruptions when at all possible. DHS will need to monitor closely that caseworkers in the pilot regions implement the protocols and obtain their feedback on the efficacy of the new process. Real-time adjustments are always needed to help ensure any new practice achieves its intended results.

DHS has focused in Region 4 its reform efforts to promote placement stability through the core strategies. In partnership with the Oklahoma Department of Mental Health and Substance Abuse (ODMHSA), DHS has embedded in their Region 4 district field offices 15 System of Care

(SOC) coordinators from four provider agencies that provide behavioral and mental health services for children and families. The System of Care (SOC) coordinators provide on-site assistance to DHS caseworkers by helping them to navigate the system of care, which is Oklahoma's network of behavioral/mental health providers, and coordinate services and supports for foster children and families. As of November 2015, DHS reports that 65 youth in Region 4 have been assigned to an embedded care coordinator. The SOC embedded coordinators are in place also to help caseworkers implement the components of the new placement stability protocol that involve gaining access to SOC provider services as needed.

One service DHS and the SOC coordinators promote to support stabilizing children in their current placement is the Mobile Stabilization Teams (MST), which consist of behavioral health specialists who respond immediately (20 minutes by phone or two hours in person) to foster children or foster parents where disruption is imminent. This service has been primarily available in Region 4 and Oklahoma and Tulsa Counties. Following the immediate response by a MST to provide short-term stabilization support, the child and foster family receive up to eight weeks of care coordination to help provide more long-term stability for the child in the same placement.

Under the core strategies, DHS had planned to develop statewide Mobile Stabilization Teams (MST) that caseworkers and foster parents could call upon to help stabilize on-site, in real-time any growing concerns with a child's behavior. DHS reports that due to budgetary constraints it will not be able to create a statewide presence of MST services. In lieu of statewide expansion, DHS has taken steps to make caseworkers and foster parents aware of MST services where they currently exist in the state to maximize current MST resources available. DHS has reported that the service is underutilized in some areas.

In Region 4 and the other core strategy pilot districts (Districts 2, 5, 13 and 7), DHS is using a second core strategy to provide support services, known as Maintain Placement services, through its Comprehensive Home-Based Services (CHBS) partners. CHBS support is generally the first service DHS will provide to help foster parents receiving a new child for whom placement stability has already been identified as a potential risk. DHS highlights that one key placement stability tool CHBS provides to foster parents is training on the Managing Child Behavior (MCB) model that is now required of all caregivers working at a higher level institution where DHS places children in its custody.

CHBS Maintain Placement services and supports are available in every region of the state; however, service capacity is limited. From September 2015 through December 2015, DHS reports 86 referrals for CHBS were accepted across the state. Significantly, of those 86 referrals, DHS reports that 77 (89 percent) experienced no placement moves following the provision of CHBS services, reflecting the potential of this strategy. However, due to staffing

shortages within the CHBS provider agencies, not all children and families that have requested CHBS have been able to receive these services. For the same period of September to December 2015, 75 referrals were not accepted for services. DHS reported to the Co-Neutrals that children who did not receive CHBS experienced more placement instability than those that did receive services. There is a current waiting list for CHBS.

DHS also committed to analyze placement disruption data related to kinship, regular foster home and other home based placements to determine the highest level of support and resources needs to increase placement stability. Beginning with October 2015 data, DHS began to track placement stability data under Metrics 4.1a and 4.2 on a monthly basis. While this data may help DHS understand what types of placements, if any, experience the most instability (e.g., kinship or regular foster home), it does not provide insight into the conditions leading to placement disruptions.

As noted above, DHS has decided to conduct a case record review to understand placement stability practices and outcomes that may be affected by the closing of the state shelters. DHS can glean helpful information from this review to support the more broad scale analysis it committed to in its core strategies. DHS will need to assess if additional qualitative reviews are necessary to ensure that its core strategies to improve placement stability appropriately address those conditions that contribute to unstable placements.

DHS also committed to develop a foster care placement process to assess children and resource needs in order to make the best placement the first placement for children who enter out-of-home care or need a new placement. DHS is piloting a new placement phone line in Region 3 (Oklahoma County). The new placement phone line centralizes the placement process for workers, allowing them to call and, over the phone, answer a series of questions that will define the key characteristics of the child and the type of placement needed. Rather than have caseworkers write out and email a placement request form, it is hoped that this new process will better support caseworkers in the placement request process and allow for more consistent and thorough collection of information about each child.

To further support the stability of a child's first placement in care, DHS has established that as of January 1, 2016 all child welfare specialists are required to discuss placement stability with the child and placement provider at the worker's second visit to the home and each month thereafter. The worker must document the conversations regarding placement stability in the child's KIDS record for each monthly visit. The efficacy of this strategy is dependent upon caseworkers having manageable caseloads to timely address and resolve any placement stability concerns as they arise with children and foster families. While caseloads substantially improved overall this report period, there were still 47 percent of permanency caseworkers that had caseloads that did not meet the caseload standard as of December 31, 2015.

Continued progress in achieving manageable caseloads is a necessary pre-condition to achieving improvements in placement stability.

For this report period, the Co-Neutrals reserve judgment on DHS' efforts to achieve substantial and sustained progress toward the placement stability Target Outcomes. Some of DHS' core strategies are in the early stage of implementation, which means that their impact cannot yet be observed in the data outcomes reported this period. The Co-Neutrals have concerns that DHS' three primary core strategies for placement stability have been implemented only on a pilot or limited scale. The Co-Neutrals recommend strongly that DHS evaluate its placement stability core strategies to assess which of the strategies and activities are still viable options to help improve placement stability for children across the state, not just in limited areas. This is especially important given the possibility that DHS' progress in caseload size appears threatened by budget issues. DHS will then need to assess if additional core strategies are needed and feasible to implement. The Co-Neutrals will report on DHS' good faith efforts in this area in the next Commentary.

H. Permanency

DHS has struggled to make substantial progress toward the permanency Target Outcomes, as discussed in the Co-Neutrals' last three Commentaries, which report that DHS had been trending negatively against the starting baselines for six of the ten the permanency measures.²⁷ For this report period, which covers permanency outcomes reported from October 2014 through September 2015, DHS' data shows some improvement, with DHS now making varying levels of progress above the starting baseline for six of the ten permanency metrics.

The Co-Neutrals have emphasized that as DHS makes substantial progress toward the Target Outcomes for both caseloads and new foster home development, the foundation will be in place for DHS to achieve timely permanency for children in DHS' custody. The Co-Neutrals also have stressed that DHS must implement focused strategies to improve its permanency practice for children and youth in the state's custody while it continues to work towards achieving greater progress with caseloads, foster home development and other performance areas.

In the last Commentary, the Co-Neutrals outlined three core strategies DHS selected to focus its attention on children's individual needs for permanency in order to make significant strides to timely connect children to forever families. DHS' core strategy plan for permanency focuses

²⁷ For one of the ten permanency measures, Metric 6.1, the Co-Neutrals are evaluating performance using the Target Outcomes set for two separate age groups established for the identified point-in-time legally free cohort.

attention on three groups of children: those who are legally free²⁸ living in an identified placement but whose adoptions have not been finalized; children who are legally free for adoption without an identified adoption placement and children who have a case plan goal of reunification.

DHS has made the most significant progress in achieving permanency with its work to guide and focus staff on completing the concrete and necessary steps to finalize adoptions for children who are legally free living with identified adoptive families. In January 2015, DHS identified a cohort of 795 children who met these criteria (legally free in an identified adoptive placement) and began to systematically review their cases and address any barriers to complete the permanency process for these children. DHS reports that this structured review process proved successful and that by March 2016 751 children (94 percent) of the cohort achieved permanency. The Co-Neutrals verified the permanency exits for the 751 children and found that 746 achieved adoption and five achieved permanency through guardianship.

DHS decided to replicate and formalize this permanency work for legally free children in an identified placement by establishing Adoption Timeliness Accountability Teams (ATAT). DHS reports that ATATs have been established in every region by the end of January 2016. For every child legally free whose permanency case is reviewed by an ATAT, a team member is assigned to address any identified barrier and report back in two weeks on progress or ongoing challenges to move the adoption forward. To support the regional ATATs and adoption staff throughout the state, DHS developed a “Road to Finalization Map” that provides a step by step flow chart to guide staff less familiar with all the necessary activities required to successfully complete an adoption process. (See Appendix I for the Road To Finalization Map). This map reflects lessons learned from the successful permanency work completed with the initial cohort of 795 children. The Co-Neutrals will comment more on the implementation of the ATATs and their impact on DHS’ permanency efforts in the next Commentary.

DHS’ second core strategy for permanency focuses on all legally free children with the goal of adoption but who are not living in an identified adoption placement. DHS committed to implement a targeted family finding effort designed to locate a placement for these legally free children, and to expedite the process to adoption finalization when a family is located. DHS began to implement this strategy by conducting diligent family searches for the 292 children identified in the baseline cohort of Metric 6.1 for whom DHS is still working to identify an adoptive home. (See more below regarding DHS’ progress under Metric 6.1.)

DHS’ third core strategy is to implement safety focused permanency case reviews for children with a goal of family reunification. These reviews are called Permanency Safety Consultations

²⁸ These are children and youth whose parents’ rights have been legally terminated by the Court.

and are designed to confirm that reunification remains a safe and viable option. DHS rolled out the reunification case reviews in two districts in every region by December 2015, for a total of ten districts. DHS plans to expand implementation of the reviews in the upcoming period and reports that it has added an additional two districts since January 2016.

Permanency program staff have trained district directors, supervisors and staff in the first ten districts on the use of a permanency safety consultation tool that applies a detailed safety case review to evaluate a child's ongoing prospects for reunification. DHS reports that when staff determines that a child can be safely reunified, they will be required to implement and closely track activities to support and prepare the family and child to achieve reunification. In addition, the safety consultation training and tool are designed to systematically improve practice as they both emphasize how safety assessments and permanency planning can and must be part of a caseworker's everyday practice.

Permanency Performance

Legally Free Children without an Adoptive Family on January 10, 2014, Metric 6.1

DHS, under Metric 6.1, committed to move to permanency an identified cohort of children and youth who are legally free without an identified family. DHS and the Co-Neutrals established the point-in-time cohort of 292 children who were legally free for adoption and did not have an identified adoptive placement as of January 10, 2014. The Co-Neutrals established permanency targets for these children and youth as follows:

- By June 30, 2016, 90 percent of the 207 children who were ages 12 and under on January 10, 2014 will achieve permanency.
- By June 30, 2016, 80 percent of the 85 children who were ages 13 and over on January 10, 2014 will achieve permanency.

DHS reported that 119 (57.5 percent) of the 207 children in the younger segment of the cohort (ages 12 and under) achieved permanency as of December 31, 2015. This is an increase of 41 children since July 1, 2015 when DHS last reported to the Co-Neutrals that 78 children had achieved permanency. This is the highest number of children in this younger segment who achieved permanency within a six-month report period.

For the 85 children in the older group (ages 13 and older), DHS reported that a total of 23 children (27.1 percent) achieved permanency as of December 31, 2015, an increase of six children since July 1, 2015. DHS also reported that as of December 31, 2015, 18 children (21.2

percent) in the older cohort have aged out of custody without achieving permanency, an increase of six children since July 1, 2015 – the end of the previous period for this measure.

Table 10: Metric 6.1 – Permanency Performance

Permanency Metric	Baseline	Permanency Target by June 30, 2016	Permanency Achieved as of January 1, 2015	Permanency Achieved as of June 30, 2015	Permanency Achieved as of December 31, 2015
6.1: Of all legally free children not in an adoptive placement on 1/10/14, the number who have achieved permanency.	207 children- Age 12 and under	90%	47 children (22.7%) achieved permanency	78 children (37.7%) achieved permanency	119 children (57.5%) achieved permanency
	85 children- Age 13 and older	80%	8 children (9.4%) achieved permanency	17 children (20.0%) achieved permanency	23 children (27.1%) achieved permanency

Core Strategies: Family Finding and Engagement

DHS’ primary effort at this time to achieve permanency for the children who have not yet exited care and remain in the 6.1 cohort without an identified placement is to implement its targeted family finding and engagement strategy. This core strategy relies heavily on DHS having an effective diligent search practice to locate kinship through case mining and intentional interviews with the children to identify family and other close connections who DHS can engage to provide a familiar and safe permanent home.

As part of the strategy, DHS has established an internal taskforce to develop and pilot a process to expedite permanency when a diligent search surfaces a viable family. This group is tasked with identifying and eliminating any duplicate steps that slow down the process. Members of the task force also serve as permanency expeditors focused on the 6.1 cohort.

Of the 292 children originally in the cohort, DHS conducted renewed kinship searches on all 132 children that remain in the cohort awaiting permanency. Eighty-eight percent (116) of these children have a case plan goal of adoption or adoption preparation. DHS reports that currently adoption efforts are underway for 19 of these children, meaning that 113 children are still in need of an identified permanent placement.

DHS acknowledged that its family finding core strategy and diligent search casework is not proving to be effective. DHS conducted an assessment of these activities and found that there needs to be systemic strengthening of case practice in order for the core strategies to effectively secure permanency for the children in the older cohort. In particular, DHS identified

that case practice is inconsistent across the state and that policy does not sufficiently define for workers the actions they should pursue to complete a search. The assessment also found that greater family engagement is needed rather than relying primarily on computer searches to identify potential resources. In response to its assessment, DHS formed a workgroup in December 2015 to improve its family finding and diligent search practice. DHS reports that additional training needs to be offered for staff to conduct productive intentional interviews with prospective individuals who may be able to provide permanency for a child.

Despite the reported challenges and deficiencies with its family finding core strategy, DHS also reports that it was able to achieve permanency for 41 additional children in the younger segment of the cohort. DHS reported that as a result of its effort to focus on these younger children, a total of 119 (57 percent) had achieved permanency by the conclusion of this report period. The Co-Neutrals find that DHS has achieved substantial and sustained progress toward the Target Outcome for children in the younger 6.1 cohort. It is important to acknowledge that the Co-Neutrals set a higher permanency Target Outcome for the younger segment of 6.1 and separated the two age groups as it is understood that younger children have a greater likelihood to connect with permanent families.

For children in the older segment of the cohort, DHS has not achieved substantial and sustained progress to secure permanency for these legally free youth. DHS' data shows that 13 children in the older cohort will reach their 18th birthday between January 1 and December 31, 2016 and 16 youth will turn 18 years old in 2017. Two youth in the older cohort are currently in trial adoption placements that will hopefully result in adoption finalization. At this pace of progress, too many of the children in the older cohort of Metric 6.1 face the prospect of aging out of foster care without a permanent family.

During the report period, an equal number of older youth (six) from the cohort achieved permanency and aged out of care without permanency. In order to understand the experience of the six youth who aged out without permanency, the Co-Neutrals reviewed information in the KIDS system including monthly contacts dating back to 2013 as well as permanency related documents in the KIDS file cabinet. The Co-Neutrals found that for all six, DHS' documented case plan goal was "planned alternative permanent placement."²⁹ Many of these youth had experiences in foster care characterized by placement instability, behavioral health challenges, and multiple stays in congregate care. These outcomes are similar to the experiences of the 12 youth who aged out of care without permanency in the previous report period, six without

²⁹ Permanency for children and youth is defined as reunification, adoption or guardianship with a permanent, legal family. "Planned alternative permanent placement" (PAPP) is not considered to be a viable permanency option as youth with PAPP do not exit foster care placed with a permanent, legal family.

stable plans. At that time, the Co-Neutrals urged DHS to significantly enhance its efforts to achieve permanency for youth in the older cohort in order to demonstrate good faith efforts to achieve the Target Outcome.

Overall, DHS has resolved permanency for only 27.1 percent of the older youth cohort (23 children) and 21.2 percent (18 children) have aged out of care without a permanent family. Fifteen of the 18 children who have aged out without permanency had a case plan goal of planned alternative permanent placement, indicating that DHS had ceased efforts to establish a permanent, legal family for these children. While the case records often document that these children have asked DHS to abandon efforts to connect them with a permanent family, DHS must identify, examine and address the conditions that lead to a child wanting DHS to abandon efforts to find them a permanent family. Notably, the 15 children who aged out without any remaining hope for adoption experienced an average of 15 placements within their most recent removal episode and an average of eight different primary caseworkers assigned to them. These factors are stark and underscore the critical need for the development of a robust pool of family-based placements as well as manageable worker caseloads.

It is critical that DHS complete a comprehensive review of its core strategies and develop strategies, specific to older legally free youth, that will stem the tide of youth exiting foster care without permanency and that will enable DHS to achieve permanency for the youth remaining in the cohort. This includes the children whose permanency is measured in Metric 6.4.

Permanency for Older Legally-Free Youth, Metric 6.4

This metric measures the experience of a cohort of legally free youth who turned 16 years of age within two to three years before the report period and tracks those children to measure: the percentage of these youth who exited foster care to permanency by age 18; the percentage who remain in care after age 18; and, the percentage who exit care without permanency. The interim and final Target Outcomes for this metric are set only for the percentage of youth who achieve permanency. However, the outcomes for youth exiting care without permanency or who remain in DHS' care are also publicly reported to provide transparency into their overall experience. In addition, by virtue of the age of the children that is the defining focus of this cohort of legally free children, if DHS does not make substantial and sustained progress to achieve permanency for these youth before they turn 18 years of age, most of them will exit DHS custody and enter young adulthood without a permanent family.

DHS' baseline for this permanency metric was set at 30.4 percent of youth exiting with a permanent family. Two interim targets were set, the first of which is 50 percent of youth exiting to permanency by December 31, 2014, and the second with 75 percent exiting to permanency by December 31, 2015. The final target is set at 80 percent by June 30, 2016.

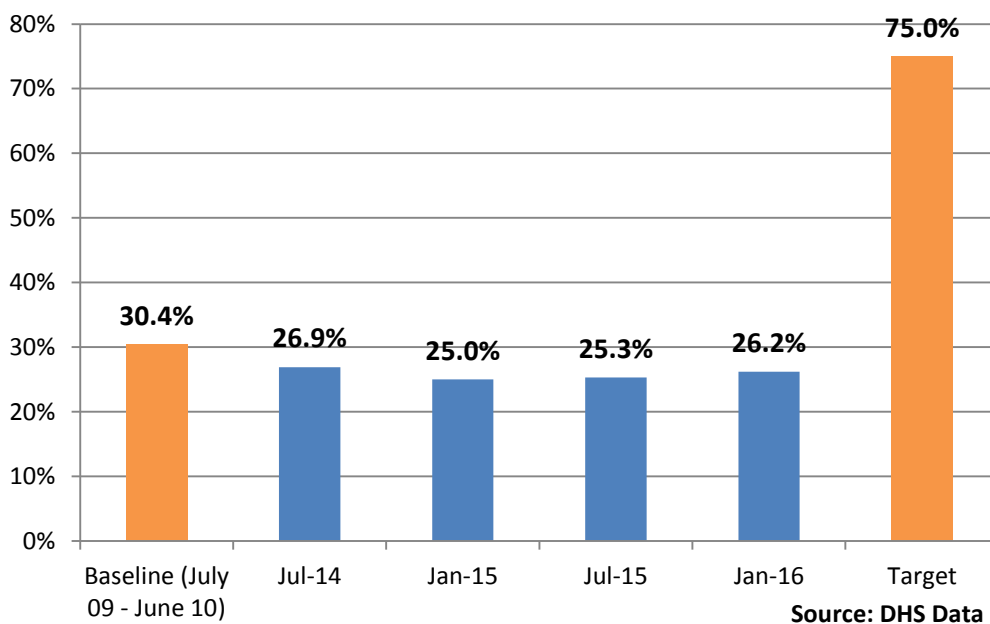
For this period, DHS reported that 126 legally free children turned 16 years old between October 1, 2012 and September 30, 2013. Thirty-three of these children, representing 26.2 percent, achieved permanency as follows:

- Twenty-four youth were adopted;
- Three youth exited through guardianship;
- Four youth were reunified with their families; and,
- Two youth exited through custody to a relative.

Eight youth (6.3 percent) remained in care on the last day of the reporting period. What is significantly concerning is the fact that 85 (67.5 percent) of the 126 youth in the cohort exited the state’s custody without a permanent family.³⁰

As shown in Figure 23 below, performance outcomes have been below the baseline in every reporting period and fall well-below the 50 percent interim permanency target established for December 31, 2014.

Figure 23: Metric 6.4 – Permanency Performance



DHS reports that through June 2015, the department conducted permanency roundtable reviews for 52 of 126 children this period. As previously reported by DHS and the Co-Neutrals, the department implemented the roundtables in 2013 for older youth, but did not find this

³⁰ Two of the 85 youth who exited without permanency were transferred to another agency, and their final permanency outcomes are, as result, unknown.

strategy to be effective in helping DHS to achieve permanency for children. In fact, 40 of the 52 children noted above who participated in a roundtable aged out of foster care. DHS has since ceased using permanency roundtables as a strategy to achieve permanency for children; however, as detailed below, DHS has not developed and implemented a permanency strategy to specifically address the urgent permanency needs of this older population of children.

During this report period, the Co-Neutrals requested that DHS develop a plan to expedite permanency for children in this cohort: a plan that includes a diagnostic review to identify and address barriers to achieve timely permanency. The Co-Neutrals informed DHS that it could include, as appropriate, strategies embedded in the permanency core strategies already established by DHS. The Co-Neutrals requested this plan because of the urgent need for DHS to apply different and targeted strategies for youth who are at the threshold of exiting DHS custody without permanency. DHS has sole responsibility to ensure these children achieve stability and permanency in their lives as ties to their birth families have been legally severed. Every effort must be made to apply DHS' best thinking; best practices and best array of services to ensure these children are connected with a permanent family prior to exiting the state's custody.

DHS recently reported to the Co-Neutrals that its Permanency Safety Consultations and Target Family Finding core strategies are being implemented to impact the entire population of children in DHS' custody. DHS has been focusing its safety consultations on children with a case plan goal of reunification and reports that it is identifying children reviewed in Metric 6.4 for whom the reinstatement of parental rights and safe reunification can be established. And, while DHS has focused its application of its family finding core strategy on children in the 6.1 metric cohort, the department has committed to apply this strategy to the children measured in Metric 6.4 going forward. At the same time, DHS has transparently reported that key components of the family finding core strategy are not yet proving to be effective because of a need to train staff, change policies and improve practice in the field.

DHS further reports that it identified 245 children whose permanency outcomes will be measured in Metric 6.4 over the next two report periods. Of these 245 children, 77 have a goal of adoption and 18 children have either a goal of adoption preparation, guardianship or reunification. What is most troubling about DHS' review of these children is that 150 (61%) have a case plan goal of planned alternative permanency placement. DHS states that caseworkers will be required to discuss and document in each child's record the reason for their case plan goal and engage the youth in changing their case plan goal to one that creates more promise for achieving permanency.

In summary, DHS has not developed a plan or strategies focused squarely on the older legally free children whose permanency is measured in Metrics 6.1 and 6.4. The Co-Neutrals urge DHS

to assess what additional activities are required, beyond the existing core strategies, to achieve permanency for these older youth and, again, to gain a thorough understanding of its permanency practice and why the majority of children who are on the cusp of aging out do not have a case plan goal to achieve permanency through adoption, guardianship or reunification. The Co-Neutrals find that DHS has not made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for Metrics 6.1 and 6.4 during this report period.

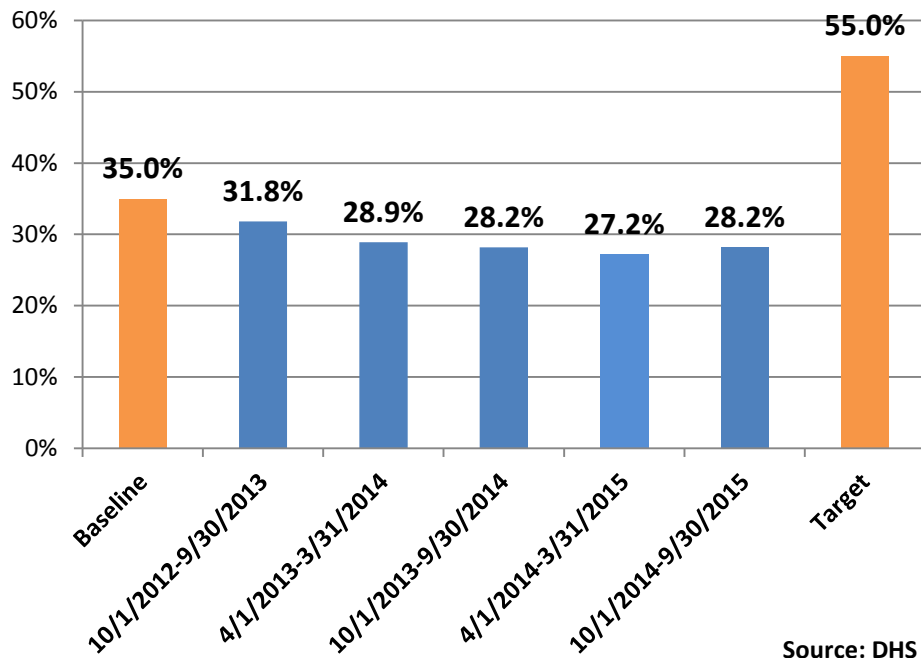
Timeliness of Children’s Permanency, Metrics 6.2 (a-d)

Metrics 6.2 (a, b, c and d) measure DHS’ progress to achieve timely permanency for children who entered foster care at a designated time and who achieved permanency in 12, 24, 36 or 48 months from the child’s removal from their family. DHS entered this report period facing the ongoing challenge to elevate its performance outcomes above the starting baselines. For 6.2 a and b, reflecting permanency data for children with shorter lengths of stay, DHS reports only slight improvements, with the resulting outcome data remaining below the baseline. For 6.2 c and d, reflecting permanency data for children with longer length of stays in custody, DHS reports more substantial gains, achieving outcomes above the baseline for both groups.

The following summaries and tables detail the baselines, performance to date and targets for each of the 6.2 metrics.

Metric 6.2a, Permanency within 12 months of removal: DHS reported that of the 2,705 children who entered foster care between April 1, 2014 and September 30, 2014, 764 children achieved permanency within 12 months of their removal date. This represents a permanency achievement rate of 28.2 percent for Metric 6.2a, which is a one percent improvement since the last report period. The Target Outcome is 55 percent. With the baseline set at 35 percent, DHS’ performance has remained below the baseline for five consecutive reporting periods. While positive outcomes are important to realize in every 6.2 metric, high performance for the target for 6.2a means children experience the least amount of time in DHS custody before achieving permanency.

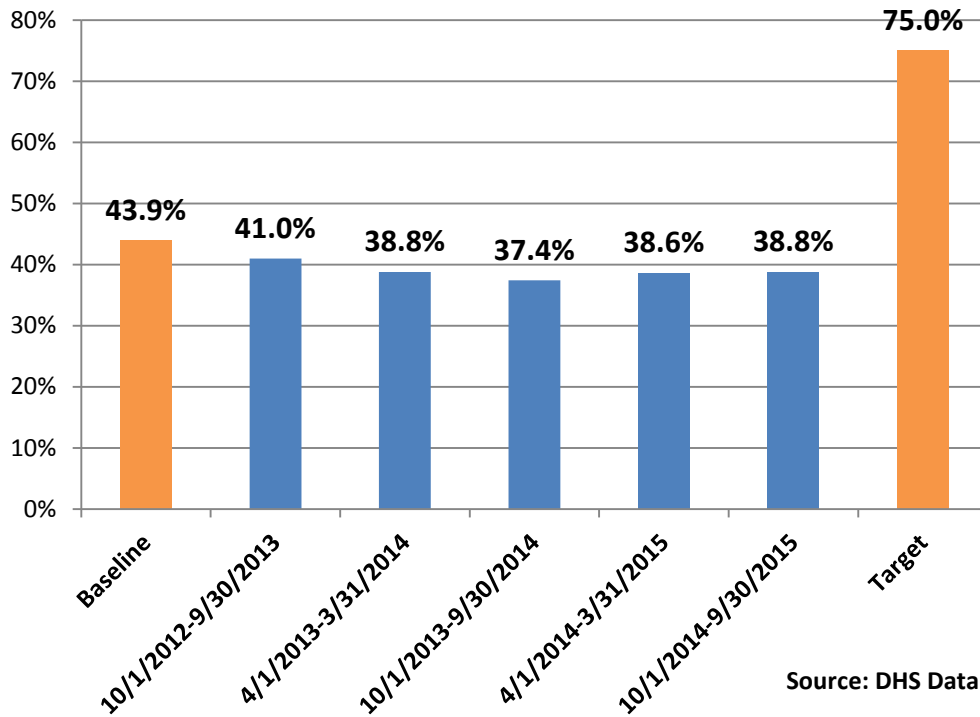
Figure 24: Metric 6.2a – Permanency within 12 Months of Removal



Source: DHS Data

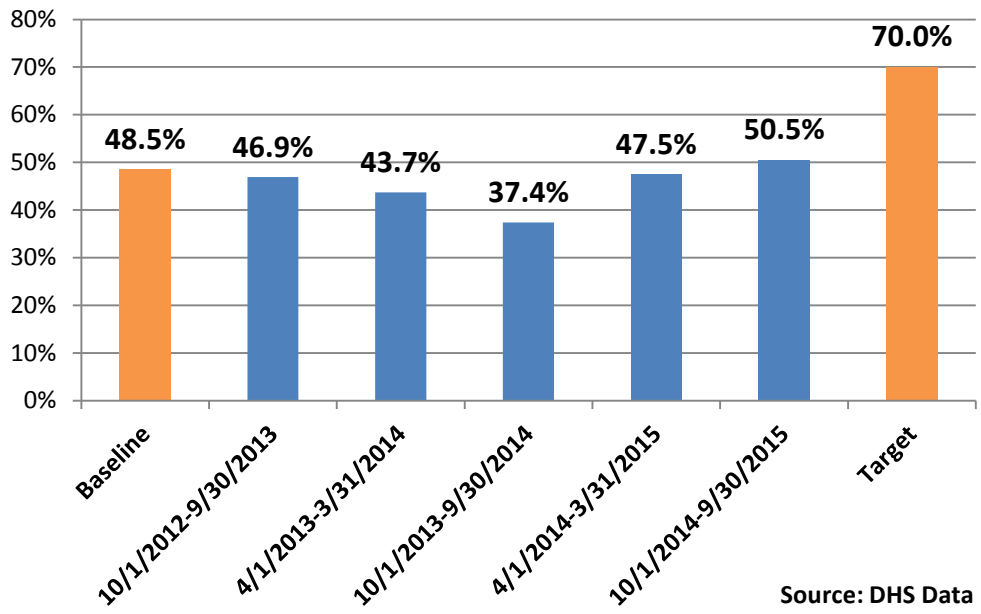
Metric 6.2b, Permanency within two years of removal: DHS reported that of the 2,008 children who entered foster care between April 1, 2013 and September 30, 2013 and stayed in foster care for at least 12 months, 780 children achieved permanency within two years of their removal date. This represents a permanency achievement rate of 38.8 percent for Metric 6.2b, which is only a .2 percent improvement since the last report period. The Target Outcome is 75 percent. While DHS reported nominal improvement this report period for Metric 6.2b, the progress reported was not substantial enough to raise performance above the starting baseline.

Figure 25: Metric 6.2b – Permanency within 2 years of Removal



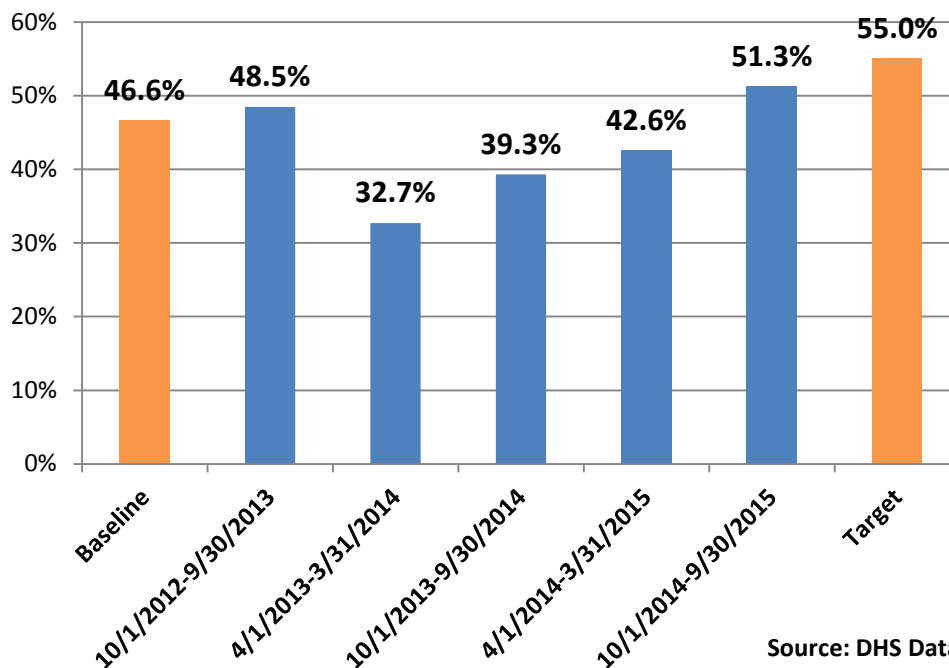
Metric 6.2c, Permanency within three years of removal: DHS reported that of the 1,094 children who entered foster care between April 1, 2012 and September 30, 2012 and stayed in foster care for at least 24 months, 552 children achieved permanency within three years of their removal date. This represents a permanency achievement rate of 50.5 percent for Metric 6.2c, which is a three percent improvement since the last report period. The Target Outcome is 70 percent. DHS was not able to sustain the same level of substantial progress reported for this metric as in the last period, which was an almost ten percent increase. However, DHS has for the first time reported outcome data above the baseline (48.5 percent).

Figure 26: Metric 6.2c – Permanency within 3 years of Removal



Metric 6.2d, Permanency within four years of removal: DHS reported that of the 556 children who entered foster care between April 1, 2011 and September 30, 2011 and stayed in foster care for at least 36 months, 285 children achieved permanency within four years of their removal date. This represents a permanency achievement rate of 51.3 percent for Metric 6.2d, which is an 8.7 percent improvement since the last report period. The Target Outcome is 55 percent. As shown in the chart below, performance has improved for this measure in three consecutive report periods, showing steady progress after a substantial drop below the baseline four report periods ago. With the increase achieved during this report period, DHS is reporting permanency outcomes in this measure above the baseline and is approaching the Target Outcome.

Figure 27: Metric 6.2d – Permanency within 4 years of Removal



The Co-Neutrals set reasonable targets for each of the 6.2 metrics, allowing DHS an opportunity to show substantial progress toward the ultimate Target Outcomes. During the period, DHS began to implement core strategies designed to enable the department to turn around what have been primarily negative outcomes with the 6.2 metrics. DHS reports that its selected core strategies, particularly the Permanency Safety Consultations, are achieving positive results to improve practice and the skills of caseworkers and supervisors to achieve more timely and safe reunification of children with their families. DHS must continue its work to expand Permanency Safety Consultations beyond the selected 10 districts to statewide implementation to ensure all children benefit from this strategy, particularly those children included in Metrics 6.2a and 6.2b

where performance remains below the baseline for both - as they most commonly have case plan goals of reunification, having most recently entered care. DHS must, also, ensure that the efforts identified through the Permanency Safety Consultations are completed timely by caseworkers.

The Co-Neutrals find that DHS began to implement strategies designed to achieve timely permanency for children during the period and that DHS has made good faith efforts to achieve substantial and sustained progress for Metrics 6.2 (a-d) for this report period. However, in order to demonstrate ongoing good faith efforts to sustain progress and move permanency more substantially toward the Target Outcomes, DHS must continue to assess the effectiveness of each of its permanency core strategies, must move promptly to apply these strategies statewide to all children who can benefit from them, and assess which additional strategies may be required to achieve substantial and sustained progress to achieve the Target Outcomes.

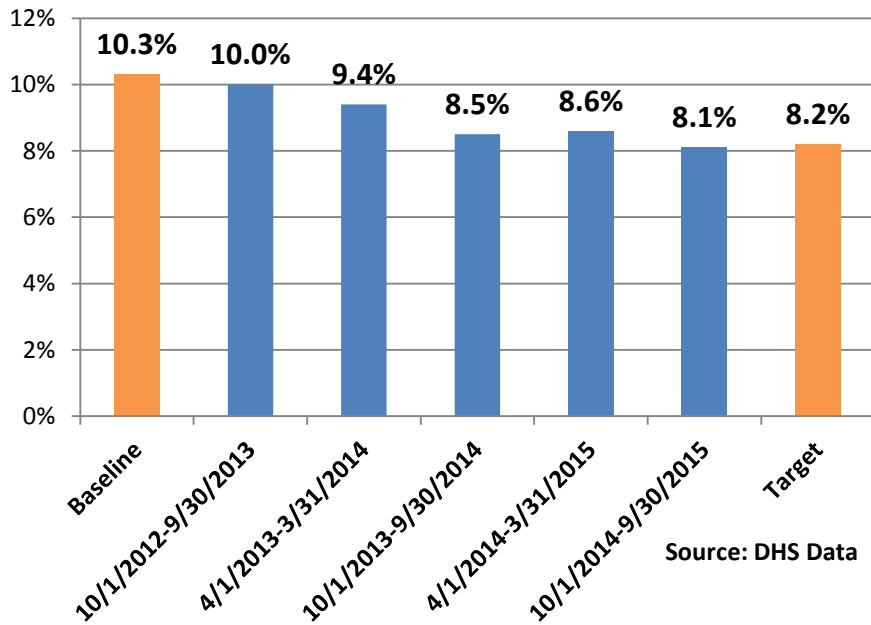
Children's Re-entry to Foster Care within 12 Months of Exit, Metric 6.3

Metric 6.3 measures how well DHS ensures that children who achieve permanency remain with their permanent family and do not re-enter foster care in a short period of time. Specifically, Metric 6.3 measures re-entry to foster care within 12 months of a child's discharge to permanency (not including adoption) in the 12-month period prior to the reporting period.

The baseline for this metric is 10.3 percent of children re-entering care; the final target set for June 30, 2016 is no more than 8.2 percent of children re-entering care. For this period, DHS reported that of the 2,756 children who discharged to permanency (not including adoption) between October 1, 2013 and September 30, 2014, 223 children re-entered care within 12 months, which represents 8.1 percent of child re-entries. This outcome data means that DHS had met and slightly exceeded the established final Target Outcome for this permanency measure.

DHS leadership reports that it anticipates that the implementation of Permanency Safety Consultations will help ensure that re-entry outcomes remain strong. The Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress for Metric 6.3.

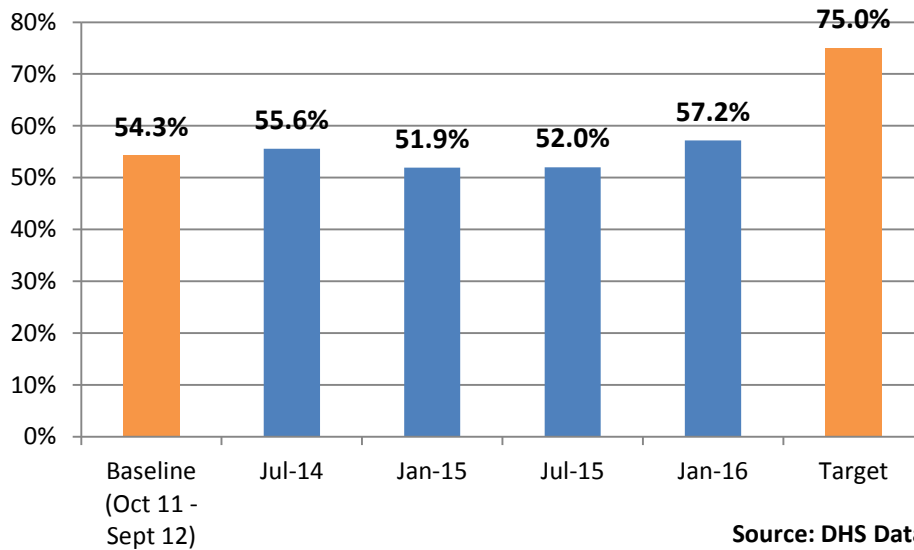
Figure 28: Metric 6.3 – Re-entry within 12 Months of Exit



Timeliness to Adoption for Children Who Become Legally Free, Metric 6.5

Metric 6.5 measures the timeliness to adoption for children who became legally free for adoption in the 12 months prior to the reporting period. The baseline for this metric was established at 54.3 percent with the performance target set at 75 percent. In the current reporting period, DHS reported that of the 2,099 children who became legally free between October 1, 2013 and September 30, 2014, 1,200 (57.2 percent) were adopted within 12 months of becoming legally free. This is the first of four consecutive report periods in which DHS has achieved a performance outcome for this measure that is an improvement against the starting baseline.

Figure 29: Metric 6.5 – Permanency Performance



As previously noted in this and the Co-Neutrals’ last Commentary, DHS began focusing on moving to adoption children who are legally free with an identified placement. DHS identified 795 children in this status on January 1, 2015 and achieved permanency for 751 (94 percent) of these children by March 2016. DHS reported that it developed targeted action plans for each child, and developed an adoption tracking report to monitor progress. DHS also held bi-weekly staff meetings to assess progress. The results of this focused effort are reflected in the improved outcomes reported for this permanency measure. In addition, DHS has established regional Adoption Timeliness Accountability Teams to drive timely permanency. The Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome established for Metric 6.5 during this report period.

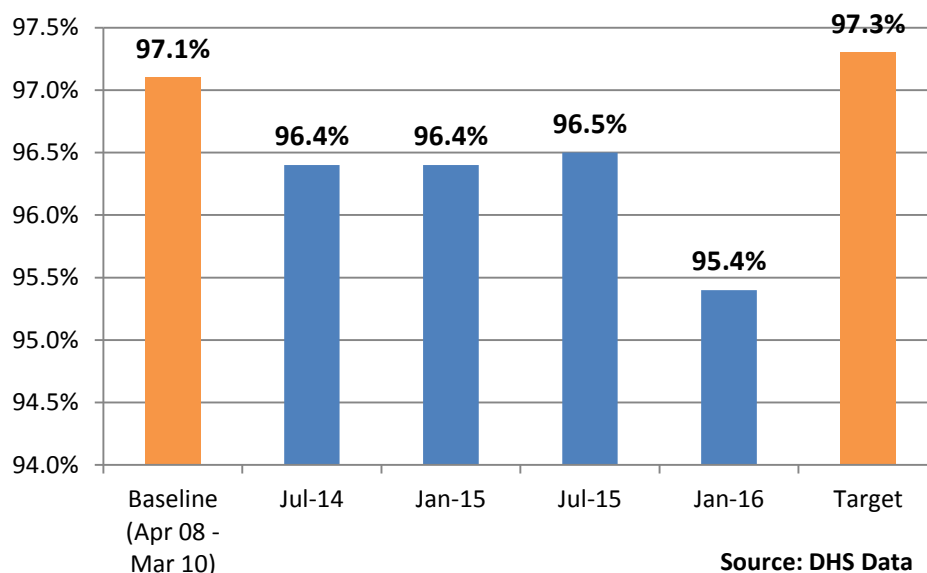
Adoption Permanency, Metrics 6.6, and 6.7

The remaining permanency metrics (6.6 and 6.7) measure how well DHS avoids pre-adoption placement disruptions and post-adoption finalization dissolutions.

Metric 6.6 measures the percentage of adoption placements that do not disrupt over a 12-month period, of all new trial adoption placements during the previous 12-month period. The baseline for this metric was set at 97.1 percent and the Target Outcome was set at 97.3 percent. DHS’ performance had remained relatively flat in the three previous report periods, on average showing at .7 percent below the starting baseline (See Figure 30 below). For this reporting period, DHS’ data shows that of the 1,549 children who entered a trial adoption placement between October 1, 2013 and September 30, 2014, 1,477 children (95.4 percent) did not disrupt from their placements within 12 months of entering trial adoption. Seventy-two

children experienced disruptions in their adoption placements, which represents a performance outcome significantly below (1.7 percent) the starting baseline. To meet the Target Outcome for this measure, DHS would have had to stabilize and advance the adoptions of 31 more children whose trial adoptions disrupted during this period.

Figure 30: Metric 6.6 – Permanency Performance



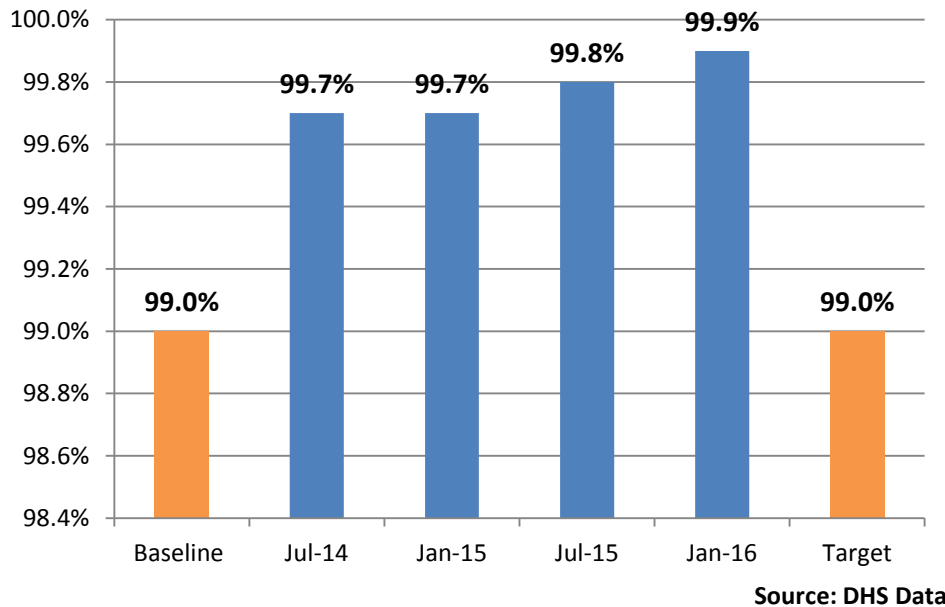
At the request of the Co-Neutrals, DHS reviewed the 72 trial adoption cases that disrupted this period and found that the primary reason for the disruptions was that families’ decided that the child’s behaviors presented greater challenges than they could or were willing to manage. In its assessment of the 72 trial adoption disruptions, DHS identified a limited array of services available to children and families to stabilize and advance the placement to adoption as a contributing factor that led to the disruptions.

DHS must develop and implement a plan to support the children and families who are at risk for trial adoption disruptions. The plan must reflect the input of children and families who have experienced adoption disruptions and identify specific services and supports most needed to stabilize and advance adoption placements to finalized adoptions.

The Co-Neutrals also urge DHS to assess the effect of adoption disruptions on the older youth who have decided that they no longer want to be adopted and have opted out of supporting any further efforts to achieve permanency. The Co-Neutrals will report in their next Commentary on DHS’ progress in developing a plan to improve the success of its trial adoption placements. For this report period, the Co-Neutrals find that DHS has not made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for Metric 6.6.

Metric 6.7 measures the percentage of children who achieved permanency through adoption over a 24-month period and did not experience adoption dissolution within 24 months of adoption finalization. The baseline for this metric was established at 99.0 percent and the Target Outcome was set at 99.0 percent. For this reporting period, DHS’ data shows that, of the 2,849 children who were adopted between October 1, 2011 and September 30, 2013, the adoptions of 2,846 children (99.9 percent) did not dissolve within 24 months of being adopted. DHS has consistently exceeded the Target Outcome for this metric in every report period. (See Figure 31 below). The total number of adoptions finalized for this report period, the stability of which will be reviewed under this measure in future report periods, is 2,160. While DHS has work ahead to reduce the number of trial adoptions that disrupt, and to move older children in the system to adoption or another form of permanency, for those children who are adopted, almost 100 percent of them find lasting permanency with their adoptive families, as reflected in this measure. The Co-Neutrals find DHS has made good faith efforts to achieve substantial and sustained progress for Metric 6.7.

Figure 31: Metric 6.7 – Permanency Performance



Appendix A: Metric Plan Baselines and Targets (Updated September 2015)

Oklahoma Department of Human Services Compromise and Settlement Agreement in D.G. v. Henry

Under Section 2.10(f) of the CSA, the Co-Neutrals shall issue Baseline and Target Outcomes, which shall not be subject to further review by either party but may at the discretion of the Co-Neutrals, after providing the parties an opportunity to comment, be revised by the Co-Neutrals. These Baselines and Target Outcomes are currently in effect.

1. MALTREATMENT IN CARE (MIC)			
Metric	Reporting Frequency	Baseline	Target
1.A: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by a foster parent or facility staff member in a 12 month period.	Semi-Annually, in the January and July monthly reports	98.73% (April 2013 – March 2014)	99.68%
1.A (2): Number of children in the legal custody of OKDHS, found to have been maltreated by a resource caregiver over the 12 month period.	Monthly	N/A	N/A
1.B: Of all children in legal custody of OKDHS during the reporting period, what number and percent were not victims of substantiated or indicated maltreatment by a parent and what number were victims.	Semi-Annually, in the January and July monthly reports	98.56% (Oct 2011 – Sept 2012)	99.00%
1.B (2): Number of children in the legal custody of OKDHS, found to have been maltreated by a parent over the 12 month period.	Monthly	N/A	N/A

2. FOSTER AND THERAPEUTIC FOSTER CARE (TFC) HOMES				
Metric	Reporting Frequency	Target SFY 14*	Target SFY 15*	Target SFY 16*
2.A: Number of new foster homes (non-therapeutic, non-kinship) approved for the reporting period. **	Monthly	1,197 (July 1, 2013 Baseline: 1,693)	End of Year: 904 Interim Target: 678 by 3/31/15 (July 1, 2014 Baseline: 1,958)	End of Year: 1,054 Interim Targets: 12/31/2015: 527 3/31/2016: 790 6/30/2016: 1,054 (July 1, 2015 Baseline: 1,858)
Net gain/loss in foster homes (non-therapeutic, non-kinship) for the reporting period ***	Semi-Annually, in the January and July monthly reports	615	356	534
2.B: Number of new therapeutic foster homes (TFC) reported by OKDHS as licensed during the reporting period.	Monthly	150 (July 1, 2013 Baseline: 530)	150 (July 1, 2014 Baseline: 473)	172 Interim Targets: 12/31/2015: 86 3/31/2016: 129 6/30/2016: 172 (July 1, 2015 Baseline: 437)
Net gain/loss in therapeutic foster homes (TFC) for the reporting period.	Semi-Annually, in the January and July monthly reports	n/a	56	81

* By May 30 of each year, DHS shall conduct annual trend analysis to set annual targets for the total number of new homes developed and the net gain for foster and TFC homes needed to meet the needs of children in and entering care. The Co-Neutrals also set an interim target of newly approved homes for the year.

** DHS and the Co-Neutrals established criteria for counting new non-kin foster and TFC homes toward the annual targets set under 2.A and 2.B.

*** DHS and the Co-Neutrals established a methodology for counting net gains/losses of non-kin foster and TFC homes.

3. CASEWORKER VISITS			
Metric	Reporting Frequency	Baseline	Target
3.1: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between caseworkers and children in foster care for at least 1 calendar month during the reporting period.	Monthly	95.5% (July 2011-June 2012)	95%
3.2: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between primary caseworkers and children in foster care for at least 1 calendar month during the reporting period.	Monthly	51.2% (July 2011-June 2012)	Final: 90% Interim – Last reported month of: FFY 2013 - 65% FFY 2014 - 70% FFY 2015 - 80% FFY 2016 – 90%
3.3(a): The percentage of children in care for at least three consecutive months during the reporting period who were visited by the same primary caseworker in each of the most recent three months, or for those children discharged from OKDHS legal custody during the reporting period, the three months prior to discharge. Phase One: for period Jan – Dec 2012 <i>This metric is no longer reported on</i>	Semi-Annually, in the January and July monthly reports	53% (January - June 2013)	75%
3.3(b): Percentage of children in care for at least six consecutive months during the reporting period who were visited by the same primary caseworker in each of the most recent six months, or for those children discharged from OKDHS legal custody during the reporting period, the six months prior to discharge. Phase Two: for period Jan 2015 until the end of the Compromise and Settlement Agreement (CSA)	Semi-Annually, in the January and July monthly reports	40.6% (January 2013 – June 2014)	65%

4. PLACEMENT STABILITY			
Metric	Report Frequency	Baseline	Target – by June 30, 2016
4.1 (a): Percent of children in legal custody of OKDHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 8 days but less than 12 months, the percentage that had two or fewer placement settings.	Semi-Annually, in the January and July monthly report -same for all placement stability metrics	70% (Oct 2011 – Sept 2012)	88%
4.1(b): Percent of children in legal custody of OKDHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 12 months but less than 24 months, the percentage that had two or fewer placements.	Same	50% (Oct 2011 – Sept 2012)	68%
4.1(c): Percent of children in legal custody of OKDHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 24 months, the percentage that had two or fewer placement settings.	Same	23% (Oct 2011 – Sept 2012)	42%
4.2: Of those children served in foster care for more than 12 months, the percent of children who experienced two or fewer placement settings <i>after</i> their first 12 months in care.	Same	74% (Apr 2012 – Mar 2013)	88%
4.3: Of all moves from one placement to another in the reporting period, the percent in which the new placement constitutes progression toward permanency. (Note: the Co-Neutrals have suspended this metric.)	N/A	N/A	N/A

5. SHELTER USE			
Metric	Report Frequency	Baseline (January-June 2012)	Target
5.1: The number of child-nights during the past six months involving children under age 2 years.	Monthly Analysis of usage every 6 months – same for all shelter metrics	2,923 child-nights	0 by 12/31/12
5.2: The number of child-nights during the past six months involving children age 2 years to 5 years.	Same	8,853 child-nights	0 by 6/30/13
5.3: The number of child-nights during the past six months involving children age 6 years to 12 years.	Same	20,147 child-nights	0 for children 6-7 by 7/1/14 0 for children 8-9 by 10/1/14 0 for children 10-12 by 1/1/15 unless in a sibling group of 3 or more 0 for children 10-12 by 4/1/15 unless with a sibling group of 4 or more
5.4: The number of child-nights during the past six months involving children age children 13 years or older.	Same	20,635 child-nights	Interim Target by 6/30/15 # child-nights: 13,200 80% of children 13+ in shelters will meet Pinnacle Plan (PP) Point 1.17 rules* Final Target by 6/30/16 # child-nights: 8,850
1.17: Number of children ages 13 or older in shelters that had only one stay for less than 30 days.		33.7% (January-June 2014)	90% of children 13+ in shelters will meet PP Point 1.17 rules

* Pinnacle Plan Point 1.17: “By June 30, 2014, children ages 13 years of age and older may be placed in a shelter, only if a family-like setting is unavailable to meet their needs. Children shall not be placed in a shelter more than one time within a 12-month period and for no more than 30 days in any 12-month period. Exceptions must be rare and must be approved by the deputy director for the respective region, documented in the child’s case file, reported to the division director no later than the following business day, and reported to the OKDHS Director and the Co-Neutrals monthly.

6. PERMANENCY			
Metric	Report Frequency	Baseline	Target
6.1: Of all children who were legally free but not living in an adoptive placement as of January 10, 2014 ³¹ , the number of children who have achieved permanency.	Semi-Annually, in the January and July monthly reports - same for all permanency metrics	Jan 10, 2014 Cohort 292 children	90% of children ages 12 and under on Jan 10, 2014 will achieve permanency 80% of children ages 13 and older on Jan 10, 2014 will achieve permanency
6.2(a): The number and percent of children who entered foster care 12-18 months prior to the end of the reporting period who reach permanency within one year of removal, by type of permanency.	Same	Total = 35% Reunification = 31.4% Adoption = 1.6% Guardianship = 2%	Total = 55%
6.2(b): The number and percent of children who entered their 12 th month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency.	Same	Total = 43.9% Reunification = 22.3% Adoption = 18.9% Guardianship = 2.7%	Total = 75%
6.2(c): The number and percent of children who entered their 24 th month in foster care between 12-18 months prior to end of reporting period who reach permanency within three years of removal, by type of permanency.	Same	Total = 48.5% Reunification = 13.0% Adoption = 32.7% Guardianship = 2.9%	Total = 70%
6.2(d): The number and percent of children who entered their 36 th month in foster care between 12-18 months, prior to the end of the reporting period who reach permanency within four years of removal.	Same	Total = 46.6% Reunification = 8.8% Adoption = 37.3% Guardianship = .4%	Total = 55%

³¹ The legally free cohort for Metric 6.1 was to be set originally on March 7, 2013, the date the Metrics Plan was finalized, but due to since-corrected data challenges the cohort was established for January 10, 2014.

6. PERMANENCY			
Metric	Report Frequency	Baseline	Target
6.3 Of all children discharged from foster care in the 12 month period prior to the reporting period, the percentage of children who re-enter foster care during the 12 months following discharge.	Same	10.3% Discharged year ending 9/30/11 re-entered as of 9/30/12	8.2%
6.4: Among legally free foster youth who turned 16 in the period 24 to 36 months prior to the report date, the percent that exited to permanency by age 18; stayed in foster care after age 18, and exited without permanency by age 18.	Same	30.43% (July 2009-June 2010)	50% by 12/31/14 75% by 12/31/15 80% by 6/30/16
6.5: Of all children who became legally free for adoption in the 12 month period prior to the year of the reporting period, the percentage who were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	Same	54.3% (Oct 2011-Sept 2012)	75% by June 30, 2016
6.6: The percent of adoptions that did not disrupt over a 12 month period, of all trial adoptive placements during the previous 12 month period.	Same	97.1% (Apr 2008-Mar 2010)	97.3%
6.7: The percent of children whose adoption was finalized over a 24 month period who did not experience dissolution within 24 months of finalization.	Same	99%	99%

7. CASELOADS				
Metric	Report Frequency	Standard	Baseline	Target
Supervisors	Quarterly, every Jan, April, July and Oct – same for all caseloads	1:5 ratio	58.8% (as of June 30, 2014)	90% meet standard by June 30, 2014
Child Protective Services (CPS)	Same	12 open investigations or assessments	Same Baseline for All Case Carrying Workers: <i>27% - meet standard</i> <i>8% - 1-20% above standard</i> <i>65% - 21%+ above standard</i>	Same Interim Target for All Case Carrying Workers – by Dec 31, 2013: <i>45% - meet standard</i> <i>30% - 1-20% above standard</i> <i>25% - 21%+ above standard</i> Final Target: 90% of all workers meet their standard by June 30, 2014
OCA (Office of Client Advocacy)	Same	12 open investigations		
Family Centered Services (FCS)	Same	8 families		
Permanency	Same	15 children		
Foster Care	Same	22 families		
Adoption	Same	8 families & 8 children		

Appendix B: Core Strategies SFY16

Core Strategy #1: Hiring and Retention of Staff		
<p>Strategy 1: Use integrated caseload management report on a weekly basis at the statewide, district and supervisory level to track and manage hiring, retention and caseloads (attached).</p>	<p>Strategy 2: Hire staff to fill vacant positions and create 457 new positions to meet caseload standards.</p>	<p>Strategy 3: Implement graduated caseload standards to support and retain new staff.</p>
<p>Activities:</p> <ul style="list-style-type: none"> • Develop district specific staffing and retention plans for 10 target districts. • Create a new performance expectation that deputy directors meet with district directors to review caseload management report, with district directors meeting with supervisors to do the same • Weekly phone call with 10 priority districts to assess progress, identify barriers, and brainstorm solutions • Create a Statewide Retention Planning Steering Committee • All district offices to create and implement a staff retention plan informed by data with the Steering Committee acting as the driver of this effort • Assess progress of statewide staffing/ workload reduction plan on a bi-monthly basis as a joint effort by CWS Executive Team exec team • Improve and streamline hiring process timelines from posting to start date. 	<p>Activities:</p> <ul style="list-style-type: none"> • Post and fill new positions at a rate of 75 per month from February 2014 to July 2015. • Bi-monthly meetings with planning committee composed of Facilities Management, Human Resources, Finance, and Child Welfare Leadership to plan, assess progress, and identify and remove barriers. 	<p>Activities:</p> <ul style="list-style-type: none"> • District Directors review workload report and meeting with supervisors on a weekly basis to monitor and assess progress • Deputy Directors or review workload report and meeting with district directors to monitor and assess progress

Core Strategy #2: Resource Home Recruitment- TFC

Strategy 1:

Facilitate contract process with TFC provider agencies to develop measures for new TFC contracts.

Activities:

- Establish performance measures with TFC agencies through facilitated discussion of national treatment foster care standards by 5/15.
- Finalize negotiated performance measures and other contract specifications with DHS Contracts and Purchasing Unit, TFC agencies, and CWS Office of Operations and Business Processes by 7/1/15.
- Establish core agreements that outline accurate bed availability with data quality feedback loops between TFC liaisons, KIDS data staff, and TFC agencies by 5/15.
- Determine placement need through management of child wait list through the assignment of roles and responsibilities for DHS TFC staff and TFC agencies' staff.
 - DHS will provide monthly information to TFC agencies via e-mail or agency preferred contacts at the beginning of each month to provide TFC agencies with trending data on location/age/need by district or county of TFC beds by 8/1/15.
 - TFC agencies will consistently monitor placement vacancies and report on such weekly to determine availability for children on wait list.
 - Monitor use of fiscal incentives to determine impact on total bed days, placement stability, acceptance of children with special needs, etc. through the use of monthly "report cards." Initial planning indicates these will be available by 9/15.

Strategy 2:

Develop an accurate bed availability process.

Activities:

- In the first week of every month starting 7/1/15, DHS will provide TFC agencies with a spreadsheet from KIDS detailing current DHS information regarding placement, availability, and preferences.
- The TFC agencies will make needed corrections to the spreadsheet and return it to DHS no later than the Friday ending the second week of the month beginning 7/1/15.
- DHS staff will input changes into the KIDS system ensuring reasonably accurate information exists beginning 7/1/15.
- Beds having no placement for more than 30 days will be staffed with DHS to determine their actual availability. Beds identified as non-respite and that do not appear to be viable placements in the next 30 days will be removed from the available placement list.

Core Strategy #2: Resource Home Recruitment- Foster Care Part 1

<p>Strategy 1: Increase Internal DHS Capacity to recruit, retain, and support foster families.</p>	<p>Strategy 2: Develop a statewide performance based contract offered by 1-1-16 to any agency interested in recruitment, approval and support of foster families.</p>	<p>Strategy 3: Implement QA Process for foster care utilizing data.</p>
<p>Activities:</p> <ul style="list-style-type: none"> • Recruitment teams in each region <ul style="list-style-type: none"> ○ Each region will have a recruitment team made up of a Supervisor and five Child Welfare Specialists. The recruitment units will be supervised by foster care program staff. The recruitment units will be identified and in place by 10/15/15. ○ Develop and implement an internal recruitment, approval and support protocol by 10/31/15. • Increased staffing <ul style="list-style-type: none"> ○ With an increased number of approved foster homes, it is anticipated there will be a need for additional foster care staff. A program staff person will review the workload report monthly from a statewide perspective to determine what adjustments need to be made to field staffing levels and make recommendations to the Foster Care and Adoption Deputy Director. The initial workload review will take place the first week of November and the first week of each month thereafter. 	<p>Activities:</p> <ul style="list-style-type: none"> • Require all agencies have a targeted recruitment plan based on data provided by DHS within 30 days of the signed contract. DHS and the agency will jointly review and update the recruitment plan quarterly. 	<p>Activities:</p> <ul style="list-style-type: none"> ▪ Assess the process from inquiry to approval throughout each agency <ul style="list-style-type: none"> ○ Identify problem areas with initial review completed by 11/15/15. ○ Foster care program staff will assist the agencies to develop a plan to address identified areas of need. The plan will include a monitoring component. These activities will commence following the initial review at 60 day intervals. • Identify and implement specific supports to increase retention of current foster families <ul style="list-style-type: none"> ○ The established Foster Parent Support workgroup will continue efforts to implement the Support Is Everyone's Job campaign as well as exploring additional community supports for foster families. ○ Provide additional support during CPS investigations through development of a protocol for the role of foster care staff by 12/31/15. ○ Beginning 9/30/15, program staff will monitor foster parent social media sites to identify and address concerns and provide additional supports to foster families. ○ Beginning November 2015, Foster care field managers and supervisors will contact two foster families (randomly selected) each month. The purpose of the calls is to improve customer service and identify supports foster parents find most helpful through use of a questionnaire. The completed questionnaires will be analyzed to identify trends and/or additional needs of foster families. This information will be provided to the foster parent support workgroup on a quarterly basis to develop plans at enhancing the identified needed supports.

Core Strategy #2: Resource Home Recruitment- Foster Care Part 2

<p>Strategy 4: Develop and implement a statewide recruitment plan.</p>	<p>Strategy 5: Explore, identify, and implement a resource family model that focuses on families serving children in DHS custody.</p>	<p>Strategy 6: Develop continuum of placements.</p>
<p>Activities:</p> <ul style="list-style-type: none"> • DHS will develop a comprehensive and data-driven assessment of placement needs for children in DHS custody incorporating lessons learned from shelter case reviews and placement needs. This needs assessment will be completed by 12/31/15. • Develop monthly goals per agency to begin October 2015. • Continue to share child and foster home demographics monthly with each agency. • Review all pending foster home applicants including DHS applicants in the approval pipeline weekly to identify and resolve barriers to approval. This process is currently in place for RFP agencies and will continue. The review of foster homes in process with DHS will commence by 11/1/15. • Statewide Recruitment Campaign led by Governor’s office with kick off on 11/12/15. 	<p>Activities:</p> <p>Convene a workgroup to research resource family models. This group will be responsible for development and implementation of Oklahoma’s Resource Family Model with a goal of streamlining the adoption and foster care process. The workgroup will include private foster care and adoption agencies in an effort to improve partnerships and will convene by 11/30/15. When areas of improvement are identified that appear to be easily implemented, recommendations from the group will be provided. The group will provide initial findings and an overall recommendation for an Oklahoma model by 3/31/16.</p>	<p>Activities:</p> <ul style="list-style-type: none"> • By 12/1/15 incorporate information learned from shelters into recruitment work for new resource homes, including TFC homes. • By 11/1/15 initiate collaboration with Oklahoma Nurses Association to conduct targeted outreach to nurses across the state to encourage them to open a resource home for children with special medical needs. • By 12/1/15 identify barriers and develop solutions to any barriers preventing placement of children with special needs in existing TFC homes and group homes. • By 1/15/16 create a comprehensive strategy to expand placement resources along a full continuum.

Core Strategy #3: Statewide Reduction of Shelter Usage

<p>Strategy 1: Discontinue the use of two DHS operated shelters.</p>	<p>Strategy 2: Assist in informing development of a continuum of placements in collaboration with foster care, TFC, and SPPU.</p>	<p>Strategy 3: Continue to build on the Oklahoma Association of Youth Services (OAYS) partnership.</p>
<p>Activities:</p> <ul style="list-style-type: none"> • By 10/1/2015 the Shelter Authorization Form will be updated and applied to every child entering a shelter. • By 11/1/15 the shelter placement process, including multiple levels of accountability, will be in place. • By 11/1/15 DHS will complete an analysis of “lessons learned” from the closure and placement of children from the Pauline Mayer Shelter, to include information regarding foster care, specialized placements, therapeutic foster care, etc. This report will include information on what was learned about placement needs based on the multidisciplinary staffing process, how DHS utilizes resources, availability of resources, staff and caregiver competencies. This analysis will include recommend changes to DHS policy and procedures. • By 12/1/15 statewide training of the updated shelter placement process will be completed. • By 2/1/16 information from the closure of the Laura Dester Shelter will be added to the analysis report. 	<p>Activities:</p> <ul style="list-style-type: none"> • By 11/1/15 provide foster care and TFC information learned from shelters to incorporate into recruitment work for new resource homes focused on children with special medical and developmental needs. • By 2/15/16 review the placement needs assessment developed by foster care to incorporate lessons learned from shelter case reviews and placement needs (Core Strategy 2, Strategy 6). 	<p>Activities:</p> <ul style="list-style-type: none"> • Continue work with OAYS to create a long-term partnership that focuses on community supports and services rather than shelter care for DHS custody youth. • By 11/1/15 the <i>Provider Exchange</i> will be begin implementation with OAYS. • By 12/1/15 implement a multidisciplinary review process to rapidly move children placed in shelters across the state. • By 12/1/15 the current multidisciplinary staffing model will be expanded to the regional level by identifying specific individuals to serve as multidisciplinary team leads for each region. The reporting structure and process will be determined prior to rolling out the staffing model.

Core Strategy #4: Permanency- Adoption Timeliness Accountability Teams

<p>Strategy 1:</p> <p>Continue statewide coordination of Phase I activities through the Adoption Timeliness Accountability Teams (ATATs).</p>	<p>Strategy 2:</p> <p>Local Implementation of Adoption Timeliness Accountability Teams (ATATs).</p>
<p>Activities:</p> <ul style="list-style-type: none"> • Evaluate success of Phase I implementation by 7/30/15. • Identify activities that led to the success in Phase 1 implementation. • Enhance Phase I strategy by 9/1/15. • Remove cohort focus; focus instead on all children with a goal of adoption who are in identified placements. • Review current staff roles to incorporate needed accountabilities for successful project strategies. • Develop plan to incorporate the activities that led to successes in Phase 1 into daily work. • Pilot local teams using identified model in Region 1. • Continue statewide ATATs' processes to assist with reducing the time to permanency for children with a goal of adoption. 	<p>Activities:</p> <ul style="list-style-type: none"> • Investigate potential regionally-focused ATATs using data gathered from Phase I permanency data by 8/15/15. • Develop pilot implementation plan for ATATs targeting Region 1 to rollout by Districts 1 & 26 (paired), 2, 4 & 10 (paired), and 9, by 9/1/15. • Review pilot project in Region 1 and make needed adjustments to implementation plan to prepare for statewide rollout by 12/1/15. • Implement local ATATs statewide to identify and reduce barriers to adoption, thereby increasing permanency for children in identified placements by 12/31/15. • Review implementation of new processes to ensure fidelity and increased timeliness to adoption by 3/31/16.

Core Strategy #4: Permanency- Targeted Permanency Consultation

<p>Strategy 1:</p> <p>Develop an ongoing safety focused permanency consultation process for children with a goal of reunification.</p>	<p>Strategy 2:</p> <p>Implement permanency consultations in priority districts.</p>	<p>Strategy 3:</p> <p>Implement permanency consultations statewide.</p>
<p>Activities:</p> <ul style="list-style-type: none"> • Develop permanency consultation tool focused on identifying safety throughout the life of the permanency planning case by 6/15/15. • Develop timeframes and guidelines for permanency consultations by 7/15/15. 	<p>Activities:</p> <ul style="list-style-type: none"> • Identify Districts that are close to reaching workload standards by 6/1/15. • Use data from Chapin Hall analysis to identify Districts with below average permanency achievement performance by 6/15/15. • Roll out consultations in these Districts first combined with Chapin Hall needs analysis by 8/1/15. 	<p>Activities:</p> <ul style="list-style-type: none"> • Develop an implementation team by 6/15/15 that will start the rollout in identified districts and serve as the ongoing implementation team. • After rollout in identified districts develop a process, based off the results of the implementation site, to rollout state wide by 12/31/15.

Core Strategy #4: Permanency- Targeted Family Finding and Engagement

<p>Strategy 1: Complete Kinship Searches on all children in identified Quad 2 baseline cohort in first 90 days beginning 6/1/15.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Identify children in cohort in need of a kinship searches that have not had a diligent search completed within the last 12 months. • Divert one full time individual to complete 25 kinship searches in the first 30 days. • Implement kinship searches on remaining 122 children in original cohort over next 60 days. • Create a management process to ensure timely completion of diligent searches on target cohort by 6/5/15. 	<p>Strategy 2: Implement an expedited permanency process for identified permanent placements for children in cohort who are not in a family like setting or who are in need of placement by 7/31/15.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Assemble a taskforce reflecting programs and field staff by 6/30/15 with the purpose of developing the expedited process for permanency as well as identifying staff to serve as permanency expeditors to pilot this process for this population. The process will then be explored for use with all placement types and all children being placed. Tasks of the group will include: <ul style="list-style-type: none"> ○ Examining placement processes across all programs, streamlining the process by discontinuing any duplicated efforts. ○ Identifying and defining any exceptions that can be made when approving placement providers that in no way compromises the safety of the children in the home. ○ Exploring dissemination of the plan for all types of placements. • Field managers and district directors will monitor progress through weekly conference calls. <ul style="list-style-type: none"> ○ An expedited placement plan will be developed for this population by 7/31/15. ○ The taskforce will meet one time per month on 7/13/15, 8/10/15, and 9/14/15 to streamline statewide placement process.
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Core Strategy #5: Elimination of Overdue Investigations and Assessments

Strategy goals met. In maintenance.

Core Strategy #6: Maltreatment in Care- Facilities Part 1

Strategy 1:

By 9/1/15 develop a comprehensive protocol that clearly delineates the use of Immediate Protective Action Plan (IPAP), Corrective Action Plan (CAP), Facility Action Step (FAS), Facility Services Plan (FSP), Notice to Comply (NTC), and Written Plan of Compliance (WPC), all of which will be implemented and consistently monitored by the same individual within DHS system wide, by 11/1/15. Targeted implementation will begin 9/1/15. (System wide due date is a result of implementation being contingent upon changes occurring in KIDS, DHS will continually monitor to expedite if possible).

Activities:

- OCA will establish written policy regarding:
 - Within 24 hours of the creation of or changes to an IPAP, OCA staff will notify the SPPU facility liaison either electronically or telephonically that an IPAP has been established and will upload the established/updated IPAP into the KIDS file cabinet.
 - Within 5 business days of the completion of an investigation OCA staff will send the exit notice electronically to SPPU program staff.
 - Prior to system wide implementation: Practices identified above will occur with all investigations related to the top ten agencies identified as having the highest number of referrals and substantiated reports of child abuse and neglect from May through July, 2015, by 9/1/15.
- Identify clearly the purpose of IPAP, CAP, FAS, FSP, NTC, and WPC in an integrated and coordinated protocol. The following terms will be used:
 - Immediate Protective Action Plan (IPAP) - Actions taken to immediately control any significant and clearly observable condition that is present and is endangering or threatening to endanger a child.
 - Corrective Action Plan (CAP) - Steps, actions, or strategies taken to correct or address behaviors or conditions associated with an individual employee related to abuse/neglect or areas of concern.
 - Facility Action Step (FAS) - All actions, steps, or strategies taken to correct or address areas of concern identified within the broader agency's culture, services, or contract compliance.
 - Facility Services Plan (FSP) - "Rolling" document specific to each facility which allows for the identification of issues impacting child safety within the broader agency's culture, hiring, training, supervision, services, or contract compliance. The FSP is made up of all CAPs and FASs.
 - Notice To Comply (NTC) - Formal written notice to a facility indicating a CAP or FAS was not completed within agreed upon timeframes resulting in a Written Plan of Compliance being implemented.
 - Written Plan of Compliance (WPC) - Formal accountability process, which if not adhered to within 30 calendar days, results in adverse contract actions that include vendor holds and possible contract termination.
- Align OCA and SPPU policies to improve and clearly delineate notification processes and staff responsibilities related to IPAP, CAP, FAS, FSP, NTC, and WPC by 11/1/15. (Date of completion is a result of state rule-making restrictions and time frames that will not allow more expeditious policy changes) Prior to policy completion: OCA and SPPU staff will practice in accordance with this activity during all involvement related to the top ten agencies identified as having the highest number of referrals and substantiated reports of child abuse and neglect from May through July, 2015, by 9/15/15.
- Use one FSP per facility as a "rolling" document, monitored by the same individual within DHS, to which new incidents are added, allowing for review and corrective actions related to facility culture, hiring, training, and supervision issues. A draft document will be in use for testing purposes, no later than 10/1/15. (Due date is a result of implementation being contingent upon changes occurring in KIDS, DHS will continually monitor to expedite if possible) Prior to development of the electronic document in KIDS: SPPU staff will create manual versions of this document for the top ten agencies identified as having the highest number of referrals and substantiated reports of child abuse and neglect from May through July, 2015, by 9/1/15.
- SPPU Facility liaison creates and monitors the CAP; if the CAP is not completed within established time frames, DHS will immediately document and implement a formal accountability process which may include vendor holds, reduction of reimbursements, and contract termination. A detailed outline of this process will be available by 9/1/15 and will be implemented system wide with all group homes, by 11/1/15. Prior to system wide implementation: SPPU staff will practice in accordance with this activity for all CAPs established involving the top ten agencies identified as having the highest number of referrals and substantiated reports of child abuse and neglect from May through July, 2015, by 9/1/15.

Core Strategy #6: Maltreatment in Care- Facilities Part 2

<p>Strategy 2: Modify group home contracts system wide to specify appropriate behavioral supports.</p>	<p>Strategy 3: By 11/1/15, DHS will develop and implement specific plans detailing heightened monitoring and oversight of the ten agencies with the highest number of substantiations of child abuse and neglect during the previous quarter. DHS will, on at least a monthly basis, assess the efficacy of the plans, and adjust appropriately in order to reduce risk of abuse and neglect.</p>
<p>Activities:</p> <ul style="list-style-type: none"> • Require by 11/1/15 as a matter of contract and ongoing DHS oversight that all group homes use appropriate positive youth development behavior management techniques, as determined by subject matter experts, strictly limiting restraints to a narrow and clearly documented set of circumstances, and only by trained staff. Prior to contract change: SPPU staff will coordinate and monitor completion of training in appropriate positive youth development behavior management techniques for the top ten agencies identified as having the highest number of referrals and substantiated reports of child abuse and neglect from May through July, 2015. Scheduling and coordination of these trainings will begin 9/15/15. • Each SPPU facility liaison will become a certified trainer by 12/1/15 for behavior management to better support critical thinking regarding appropriate behavioral supports. Prior to all liaisons being trained, SPPU staff on the heightened monitoring team will become certified trainers by 9/1/15. • A timeline and detailed process for implementing this strategy will be proposed to the Co-Neutrals for approval by 8/1/15. 	<p>Activities:</p> <ul style="list-style-type: none"> • By 8/1/15, engage Oklahoma Health Care Authority (OHCA) as a partner in reducing maltreatment by targeting those hospital setting providers that fall within the top ten agency list. • Commence quarterly meetings with OHCA, SPPU, Office of Client Advocacy, and Child Care Licensing by 10/15/15, specifically to review information related to compliance, quality of care, and abuse/neglect referrals in institutional settings with a specific review of the top ten agency list. • By 11/1/15, begin quarterly team audits of the top five providers with the highest number of substantiated findings that were discussed at the most recent quarterly meeting. If audit indicates additional steps or strategies must be taken to correct or address findings of the audit these will be added to the facilities FSP and will include accelerated times for completion. • If these added steps or strategies are not completed timely, the formal accountability (WPC) process will be instituted, which includes vendor holds, reduction of reimbursements, and possible contract termination. <p><i>Interim Process Prior to Implementation:</i></p> <ul style="list-style-type: none"> • SPPU will convene a heightened response and monitoring team comprised of the SPPU administrator and five SPPU facility liaisons to work solely with those agencies identified as having the highest number of referrals and substantiated reports of child abuse and neglect from May through July, 2015, by 9/1/15. • Agency Referral and Substantiation data will be analyzed to create the top ten agency lists by 8/15/15. This has been completed previously, but more recent data will be analyzed to inform the ongoing efforts. Data identifying all areas of concern, substantiated findings, and CAPs from May through July, 2015 for each agency on the top ten list will be compiled. • Initial heightened monitoring meeting between NRCYS, OHCA, Office of Client Advocacy, Child Care Licensing, and SPPU to review the top ten agency list and coordinate joint response for each agency will occur by 9/1/15. • Bi-weekly heightened monitoring meetings to track progress on efforts will begin by 9/15/15.

Core Strategy #6: Maltreatment in Care- Facilities Part 3

Strategy 4:

By 10/15/15 implement the use of a standardized interview guide when meeting with youth at each facility to assess child safety within the institutional context. Prior to Implementation: SPPU heightened response and monitoring staff will utilize a standardized draft document when meeting with youth at all facilities identified as having the highest number of referrals and substantiated reports of child abuse and neglect from May through July, 2015, by 9/1/15.

Activities:

- Analyze other states' work and tools for examples of interview guides currently being utilized, review and revise to meet DHS needs in obtaining information most proximal to abuse and neglect in congregate care.
- Review and revise, if necessary, the current interview tool used by SPPU Contract Performance Team in combination with examples obtained from other states by 9/15/15.
- Train SPPU liaisons by 10/1/15 and PP staff by 11/1/15 to effectively use the interview tool.

Strategy 5:

By 12/1/15, implement use of provider "report cards" to reflect performance in keeping children safe from abuse and neglect. (Change in implementation dates as these "report cards" are a reflection of how all agencies are performing with regard to the aforementioned strategies) Prior to full implementation: Bi-weekly heightened monitoring meetings beginning 9/1/15 will include regular review of abuse and neglect incidents involving all facilities on the top ten agency list.

Activities:

- Review "report card" templates and decide on most appropriate and informative one by 10/15/15.
- Develop implementation plan for use of "report card" by 11/1/15.

Core Strategy #6: Maltreatment in Care- Foster Care

<p>Strategy 1: Review and update CWS policy and Instructions to Staff (ITS) by 8/31/15, for completing background checks and history review of kinship and traditional foster families during the initial approval and ongoing reassessment process.</p>	<p>Strategy 2: Review and update CW policy and ITS by 9/30/15, regarding investigations and policy violations in family-like settings to include on-going review of additional referrals regardless of whether screened out, unsubstantiated, etc.</p>	<p>Strategy 3: Review and update CWS policy and ITS by 9/30/15, regarding requests to overfill foster homes in family-like settings.</p>
<p>Activities:</p> <ul style="list-style-type: none"> • Policy changes will be submitted under CW emergency rule with a numbered memo to staff implementing new process by 8/31/15. • Develop centralized process for reviewing all background information to include review of criminal, Department of Public Safety, Web-based checks, and CW history. Process will be piloted in one region of the state beginning 9/30/15 with full implementation by 12/1/15. 	<p>Activities:</p> <ul style="list-style-type: none"> • By 9/30/15 DHS will develop a process for a joint review by the PP worker and supervisor and the foster care or foster care partner agency worker and supervisor of all CW history when a referral is received, whether screened out or accepted on a current foster home. This review will include identification and implementation of a plan to provide additional supports and or development of a written plan of compliance with the family. This plan will be implemented statewide by 10/31/15. • By 9/30/15 DHS will Update ITS regarding a communication plan that includes all child welfare workers and supervisors assigned to children placed in the foster home and the foster care or foster care partner agency worker and supervisor for development, implementation, review and recommendations regarding completion of the written plan of compliance. • By 9/30/15 DHS will develop a process to remind the child’s worker and supervisor and the foster care or foster care partner agency worker and supervisor regarding review dates when a WPC is initiated with a foster family. • By 10/30/15 DHS with TA from Annie E. Casey consultants will begin implementation of training of foster care and foster care partner agency staff regarding development of written plans of compliance. 	<p>Activities:</p> <ul style="list-style-type: none"> • Policy changes will be submitted under CW emergency rule with a numbered memo to staff implementing new process by 9/30/15. • Require each overfill request to include identification of possible services or supports needed by the child, family, or both, for a safe and stable placement, reviewed and documented monthly during worker visits when the foster family provides care for more than 5 children in DHS custody or more than 6 children total. • Strengthen the overfill process to require more oversight including, but not limited to <ul style="list-style-type: none"> ○ increased current requirements and criteria regarding approval for overfilling of foster homes to include review and approval by the Deputy Director of foster care and the Deputy Director of the child’s worker when a family will be caring for 8 children or more; ○ foster care or foster care partner agency worker contacts all children’s workers prior to quarterly visit with foster families to address any additional needs; • Review and update current policy and ITS on the difficulty of care eligibility requirements to ensure adequate financial support is in place for families caring for children with high needs by 9/30/15. • Review and update monthly contact guide in KIDS to include results of an assessment of the child’s safety during the monthly contact with the child. The change requires staff to document that the child has been interviewed separately from placement provider with a narrative discussing issues related to safety. This updated contact guide will include results of enhanced safety assessment of children who are medically fragile. Changes are set to occur in KIDS in December 2015. In the interim, a memo to staff outlining expectations for worker visits and assessment of safety will be issued to staff by 8/15/15. • Develop a corrective action plan to address deficiencies identified in the CQI review of the Hotline by 11/1/15.

Core Strategy #7: Placement Stability Improvement

<p>Strategy 1: Expand and embed placement stability processes in Region 4 through Mobile Crisis Stabilization efforts and New Placement Protocols/Processes.</p>	<p>Strategy 2: Introduce placement stability processes in Regions 4 and districts 2, 5, 7, and 13 through Comprehensive Home Based Services (CHBS) by 9/1/15.</p>	<p>Strategy 3: Sustain long-term statewide placement stability.</p>
<p>Activities:</p> <ul style="list-style-type: none"> • Implement and embed Mobile Stabilization Team (through OK Department of Mental Health and Substance Abuse Services Systems of Care) placement disruption protocol throughout Region 4 by 9/1/15. • Train district directors, supervisors, and CW specialists on mandatory placement disruption process and protocol for Region 4 by 9/1/15. • Train project directors, care coordinators, and licensed mental health professionals on the mandatory placement disruption process and protocol for Region 4 by 9/15. • Develop feedback loop for district directors and SOC project directors regarding all possible placement disruptions, including methods of reporting placements disruptions on a regular basis by 9/1/15. • Explore care coordination streamlined through CHBS maintain placement by 1/1/16. • Analyze placement disruption reports from the district director, SOC project director, and KIDS to ensure the process and protocol is effective, as well as using the Pinnacle Plan Measures 4.2 and 4.2a. 	<p>Activities:</p> <ul style="list-style-type: none"> • Introduce placement disruption protocol into targeted districts. • Train district directors, supervisors, and CW specialists on mandatory placement disruption process and protocol for the identified districts. • Train CHBS providers on mandatory placement disruption process and protocol for the identified districts. • Develop feedback loop for district directors, CHBS providers regarding all possible placement disruptions, including methods of reporting placement disruptions on a regular basis. • Analyze placement disruption reports, from the district director, CHBS provider, and KIDS to ensure the process and protocol is effective, as well as using the Pinnacle Plan Measures 4.2 and 4.2a. 	<p>Activities:</p> <ul style="list-style-type: none"> • Strategize ways, through a national conference opportunity in 9/15, to maximize funding to ensure children in out-of-home care have two or fewer placements by 1/16. • Analyze placement disruption data related to Kinship, CW Foster Homes, and Supported Foster Homes to determine the highest level of support and resources needs to increase placement stability. • Develop a statewide replication strategy to roll out placement stability processes to other Regions/districts by 9/1/15. • Create and develop a foster care placement line to assess children and resource needs to ensure right placements for children entering and in out-of-home care by 1/16. • All new placements for children in out-of-home care have a 30 day review of stabilization and continued 90 day follow ups specific to supports and resource needed by children and placement providers to increase placement stability by 1/16. • Create and develop a statewide Mobile Stabilization Team and care coordination by maximizing current resources by 1/16.

Appendix C: Criteria for Counting New Non-Kin Foster and TFC Homes SFY16

Foster Homes (Non-Therapeutic, Non-Kin)

Definition: non-therapeutic, non-kin foster homes include traditional and supported foster homes only.

Count

1. A home certified for the first time as a foster home. This includes homes certified at the same time to be both an adoptive and foster home.
2. A home reopened or recertified as a foster home as long as the home has been closed as a foster home for more than twelve months.
3. A home newly certified as a foster home if the home is already approved as an adoptive home.
4. A home certified as a kinship home that is then reassessed and/or certified as a traditional foster home resource open for non-kinship placements.

DHS must be able to identify these converted or dually certified homes in its reporting if the home existed as a kinship home within the last 12 months.

In order to count any home that is converted from either a kinship or adoptive home to a traditional or supported foster home, DHS also must certify that DHS staff has completed and documented a thorough conversion process with the foster family and that the family has accepted the placement of a child in DHS custody. This same certification must be completed to count any new homes designated as poor prognosis homes.

Do Not Count

1. Any home or family already open or certified as a foster home.
2. Any home certified as a foster home open to kinship placements only.
3. Any certified foster home closed within the previous twelve months.
4. Any home designated as a respite-only home.
5. Any home approved as a contracted foster home.

Therapeutic Foster Care (TFC) Homes

Count

1. A home certified for the first time as a therapeutic foster care home and does not already exist as a certified traditional foster home.

Do Not Count

1. Any certified TFC home that closed in the previous twelve months.
2. Any newly certified TFC that already exists as a certified traditional foster home.
3. Any TFC approved as a respite-only TFC home.

Appendix D: Shelter Authorization Form

Revised 9-25-2015

PP 1.15: Efforts to Place Child in Family-Like Setting

Case Name: Referral/KK# New Removal Or Placement Disruption

Worker: Supervisor: County: District# Region:

Does child meet automatic exception? Yes No Sibling group four or more
 Child placed with minor parent who is also in custody

All children in Need of Shelter Placement			
Child's Name	Age	Current Location	Case Plan Goal

Date & Time Entered Shelter

1(a). Efforts to prevent removal/ placement disruption:

1(b). If placement disruption, date it became apparent placement disruption was possible:

2. Kinship Explored? Yes No # of Relatives Explored

Briefly describe efforts and outcomes:

3. All other efforts to secure placement: # of offers/ declines to resource homes
 Has the tribe been contacted (if applicable)? Yes No

Briefly describe efforts and outcomes:

4. If new removal, was this a joint response pickup? Yes No

Did the removal occur after 10:00 p.m.?

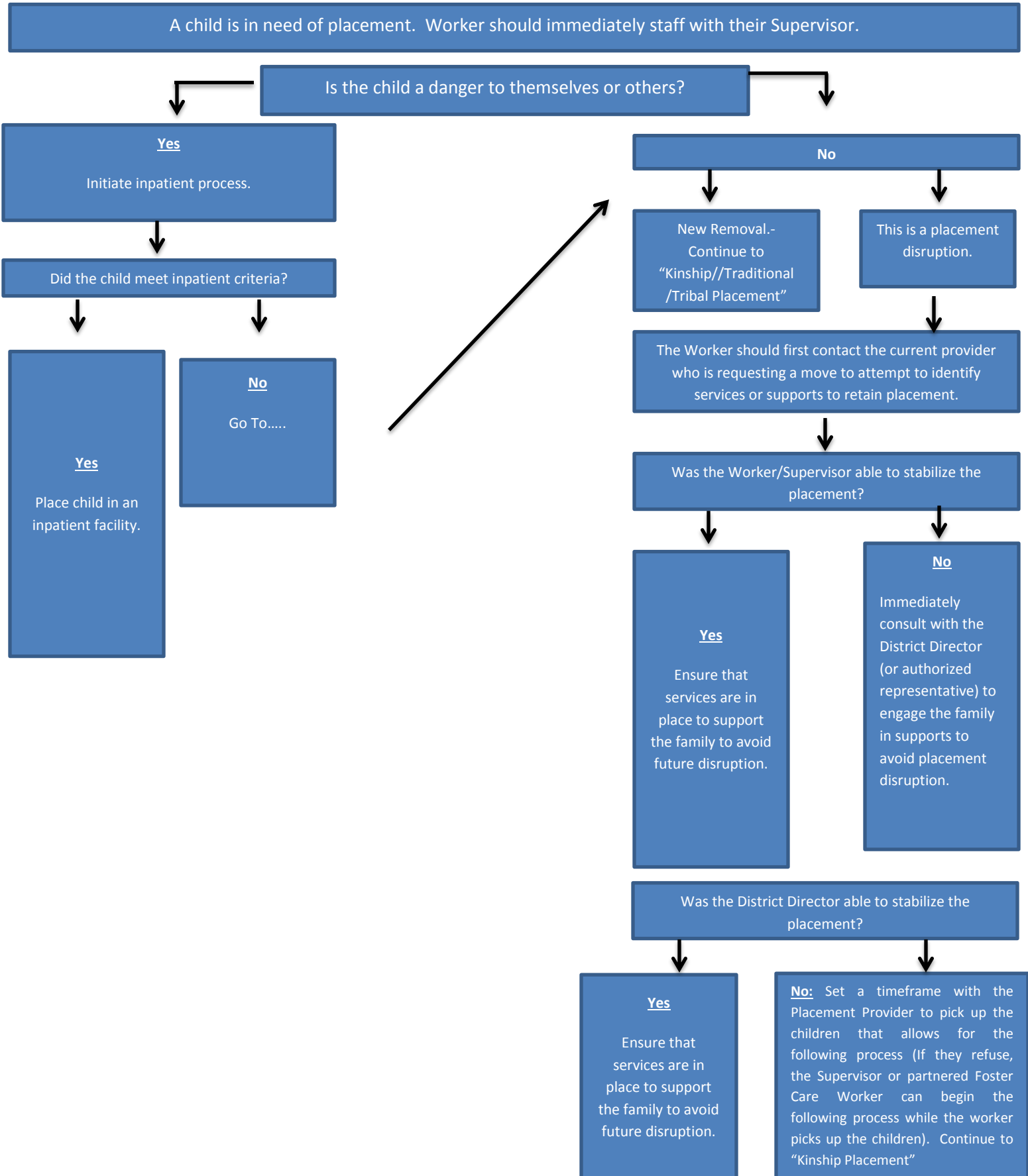
Y

5. If needed, what higher level of care placement options were explored?

Date & Time of the Pre-Authorization Phone Call:

Call Participants:

Appendix E: Shelter Authorization Flow Chart

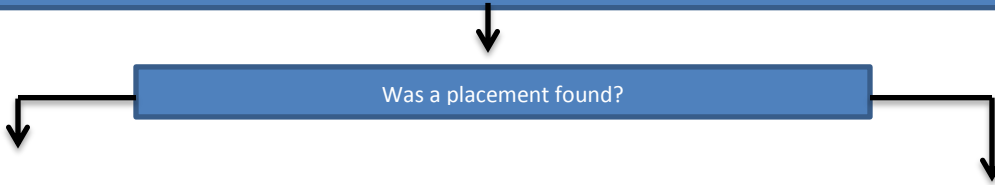


Kinship/Traditional/Tribal Placement

Foster Care should be notified immediately and will partner with the CW Specialist to ensure same day placement is made. If a potential kinship placement is identified, the Foster Care Worker, in collaboration with the CPS/Permanency Planning Worker will be responsible for completing all necessary steps to ensure same day placement (when Foster Care is not available locally). Both the Foster Care Worker and CW Specialist will remain on duty in the office or by phone, actively pursuing placement until placement is made.

- See *Foster Care Statewide Placement Protocol (attachment)*
- The Worker should Contact the Shelter Hotline (1-888-323-6297) as soon as the District Director approves to notify them of a potential shelter need, but should inform the Shelter Hotline that ongoing placement efforts continue. shelter hotline they will call back to either confirm shelter need or to cancel the request.

Was a placement found?

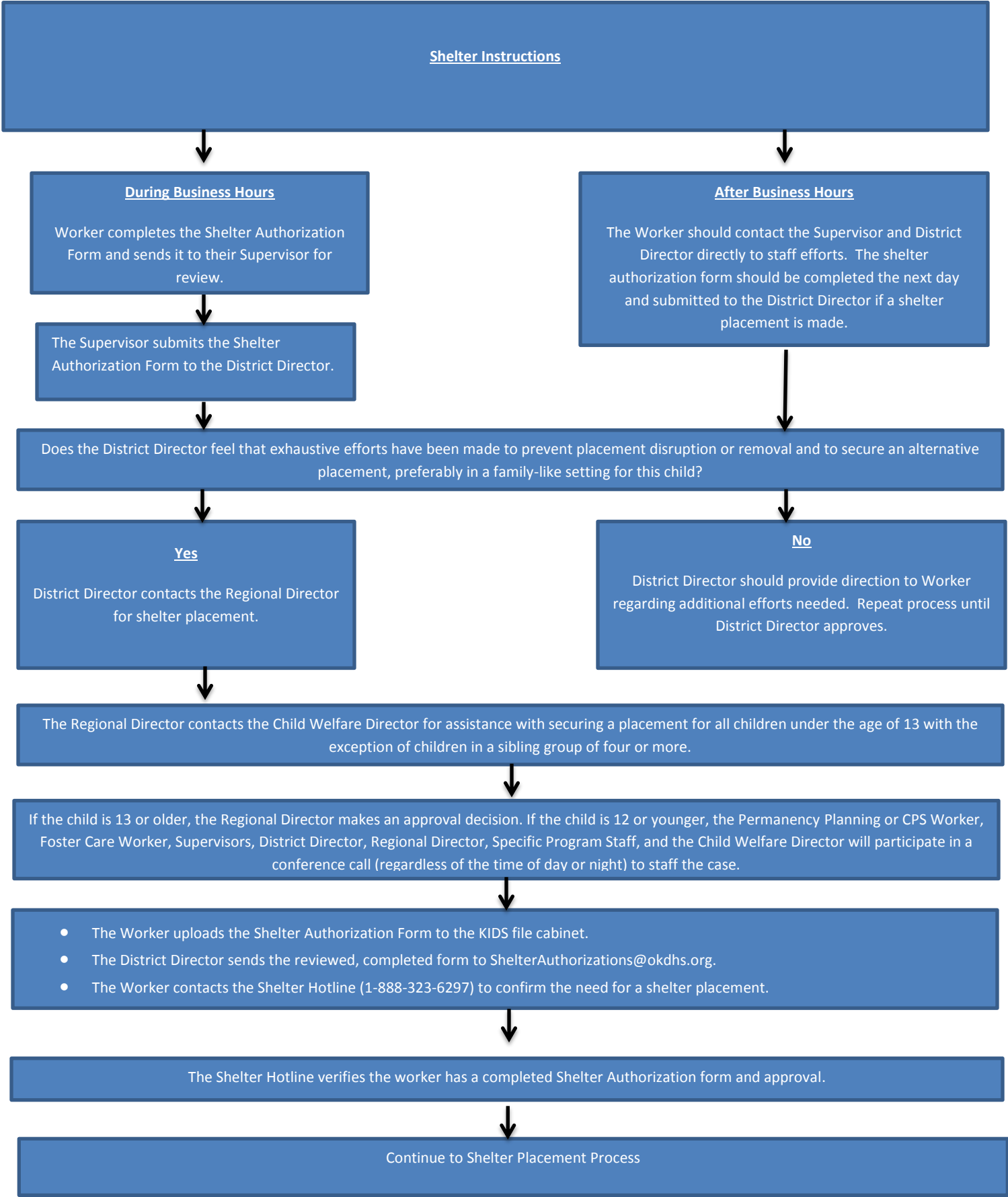


Yes

Complete all necessary placement paperwork and place the child. Contact a local support provider to ensure services for the family are put into place within 48 hours of placement and contact the shelter hotline to cancel referral.

No

Ensure that you've documented kinship and placement disruption efforts. Continue to shelter instructions



The Shelter Hotline will call the shelters that keep the child as near to the child's Natural Support Network as possible. The hotline will expand the search geographically to find the nearest placement. (Note: The shelter hotline should have completed this conversation upon the initial courtesy notification of potential need.)



Was a shelter placement identified?



Yes

The Worker will place the child in the shelter and continue kinship and non-kinship foster care efforts. Daily staffing between the Worker, Supervisor, the assigned Foster Care Worker, and Foster Care Supervisor should occur and be documented until the child has moved from the shelter.



No

If there is no shelter or foster home placement, the worker should notify the Shelter Field Rep. The Shelter Field Rep will contact the Child Welfare Director to initiate intensive efforts.

Additional Information:

- Shelter Authorization Form
- Foster Care Statewide Placement Protocol

Appendix F: Comprehensive protocol that clearly delineates the use of IPAP, CAP, FAS, FSP, NTC and WPC

<p>Immediate Protective Action Plan (IPAP) soon to be called Plan for Immediate Safety (PFIS) - Actions taken to immediately control any significant and clearly observable condition that is present and is already endangering or threatening to endanger a child.</p>	<p>During the course of an investigation the IPAP is implemented by OCA staff immediately upon the identification of any significant and clearly observable condition that is endangering or threatening to endanger a child. OCA notifies DHS SPPU staff either electronically or telephonically within 24 hours. Subsequent to notification DHS SPPU staff contacts the contractor within 2 business days and</p> <ul style="list-style-type: none"> (i) reviews the OCA plan for immediate safety with the contractor; (ii) assesses child safety and ensures facility follow-up with the plan for immediate safety by visiting the facility weekly; making observations of interactions at the facility; having discussions with facility staff and children <p>Dissolution of the IPAP is at completion of the investigation or, if earlier, at the discretion of OCA staff.</p>
<p>Corrective Action Plan (CAP) - Steps, actions, or strategies taken to correct or address behaviors or conditions associated with an individual employee related to abuse/neglect or areas of concern.</p>	<p>Within 5 business days of investigation completion OCA staff sends electronic notification of completion to SPPU DHS staff. Upon receipt SPPU DHS staff reviews the OCA exit notice and completed OCA investigative report, for any noted concerns related to an individual employee. When concerns are noted, begins follow up within 7 business days by assisting the contractor in developing a finalized Corrective Action Plan (CAP). Finalization of the CAP is due within 10 calendar days of SPPU's contact with contractor. SPPU DHS staff conducts weekly follow-up with the contractor until the CAP is complete and issues are resolved.</p>

<p>Facility Action Step (FAS) - All actions, steps, or strategies taken to correct or address areas of concern identified within the broader agency's culture, services, or contract compliance.</p>	<p>Within 5 business days of investigation completion OCA staff sends electronic notification of completion to SPPU DHS staff. Upon receipt SPPU DHS staff reviews the OCA exit notice, completed OCA investigative report, and Facility Services Plan (FSP) to identify any noted concerns within the broader agency's culture, service, or contract compliance. When concerns are noted, begins follow up within 7 business days by assisting the contractor in developing a finalized FAS. Finalization of the FAS is due within 10 calendar days of SPPU's contact with contractor. SPPU DHS staff conducts weekly follow-up with the contractor until the FAS is complete and issues are resolved.</p> <p>Quarterly reviews of contractor FSP's may also result in a FAS. When concerns are noted during FSP quarterly review, development and finalization of FAS is due within 10 calendar days of FSP quarterly review meeting. SPPU DHS staff conducts weekly follow-up with the contractor until the FAS is complete and issues are resolved.</p>
<p>Facility Services Plan (FSP) - "Rolling" document specific to each facility which allows for the identification of issues impacting child safety within the broader agency's culture, hiring, training, supervision, services, or contract compliance. The FSP is made up of all CAPs and FASs.</p>	<p>SEE ATTACHMENT: FSP Rolling Document Electronic Mock Up</p>
<p>Notice To Comply (NTC) - Formal written notice to a facility indicating a CAP or FAS was not completed within agreed upon timeframes resulting in a Written Plan of Compliance being implemented.</p>	<p>The Notice To Comply will be sent through certified mail to contractor within 5 business days of a CAP/FAS step, action, or strategy not being completed timely. The NTC will specifically identify what was not completed timely and inform provider they will be receiving a Written Plan of Compliance (WPC)</p> <p>The NTC process may also be utilized at the discretion of DHS SPPU Leadership at their discretion.</p>
<p>Written Plan of Compliance (WPC) - Formal accountability process, which if not adhered to within 30 calendar days, results in adverse contract actions that include vendor holds and possible contract termination.</p>	<p>The Written Plan of Compliance will be sent through certified mail to contractor within 10 business days of a CAP/FAS step, action, or strategy not being completed timely. The WPC will specifically identify what was not completed timely and include a remedial date for completion not to exceed an additional 30 calendar days.</p> <p>Additionally the WPC will state if remedial date is not met adverse contract actions will begin immediately.</p>



Appendix G: Hotline Improvement Plan

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Child Abuse and Neglect Hotline
PO Box 25352
Oklahoma City Ok 73125-0352
405-325-9233 • www.okdhs.org



DATE: 10/30/2015

Child Abuse and Neglect Hotline Performance Improvement Plan

To improve child safety throughout the state of Oklahoma, a performance improvement plan is initiated for the Child Abuse and Neglect Hotline (Hotline). Over the past two years, the University of Oklahoma and Child Welfare Services completed two separate studies regarding Hotline processes. By coupling time and data entry pieces with statewide staff feedback, analysis identified specific improvement areas for the Hotline. The proposed practice changes impact a child's safety determination starting with the initial referral, search process, and disposition. Progress is to be reported monthly detailing the effectiveness of proposed performance improvement strategies for the Hotline.

The plan goes into effect on November 15, 2015 and will be in place for one year.

1. Develop and provide training for specialists at the Hotline. This approach improves knowledge of necessary Hotline information and where to input the details. The training is to:
 - emphasize how to determine the individuals to be entered in a referral and the role each party is to be assigned, such as the PRFC, collateral, or sibling;
 - focus on gathering the necessary information regarding the involved party, such as demographics, employment, or location at present time;
 - use mock interviews or calls to prepare staff in taking referrals including how to have intentional conversations and how to gather sufficient data for making safety determinations regarding dispositions; and
 - cover child protective services (CPS) definitions and policy to improve decision-making when adding allegations and dispositioning referrals as accepted or screened out. Training revision to be completed and implemented by **January 1, 2016** and will be ongoing for all new staff onboarding at the Hotline.
2. Enhance the ability of the Hotline team to use Information Management System and FACS (Adult and Family Services database) to ensure interpretation of information is accurate and current. Complete by **December 1, 2015**.
3. Develop for Hotline staff a protocol addressing disputed referrals that minimizes the amount of time and staff involved in the decision-making process for the disputed referrals. Complete by **December 1, 2015**.
4. Require Hotline supervisors to engage regularly in intentional one-on-one mentoring as part of a training tool about overturned disputed referrals and attend policy training conducted by CPS Programs Unit and Hotline director. Better policy understanding will

lead to the assignment of more assessments and fewer investigations, when appropriate. Implement by **January 1, 2016**.

5. Provide to Hotline staff a check list guide to ensure all needed referral data is inputted. Complete by **December 1, 2015**.
6. Require Hotline supervisors to regularly review staff referrals by reading submitted referrals, listening to recorded calls, noting the work quality, and providing monthly feedback as a coaching technique for staff. Implement by **November 13, 2015**.
7. Provide Hotline staff with a written protocol of steps and processes for the Hotline by **December 1, 2015**.

Supporting Information – Addendum 11/30/2015

PIP #3. and 4. disputed referrals: A Disputed Referral Staffing form tracks the training of staff who have disputed referrals overturned. This information is entered on a spreadsheet for better analysis of patterns regarding the same supervisor or same types of abuse or neglect. Concerns are addressed individually or as a team, as applicable. The Hotline Monthly Report reflects this information with the rate of disputed referrals – number of referrals overturned and number remaining assigned each month.



Disputed Referral
Staffing 11-2015.docx



CWS 15-17 Disputed
Referrals.docx

PIP #5. checklist or guide for referral data. Guides assist staff when entering reports of abuse or neglect. The outcome is measured and reported by supervisors per #6.



Referral Instructions
11-2015.docx



Entering and
Transferring Referrals

PIP #6. supervisory review of Hotline calls. Two forms guide the review of live and recorded calls. If concerns are noted during the calls or there are concerns regarding the relay of information from the caller to the written report, this is documented on the respective form and addressed with staff. It is then signed off on by the affected staff. Patterns of success or areas for additional support are tracked. Supervisors report on a monthly basis the number of reviews completed and the number of monitored calls with concerns. Scores are used to track measurement of overall improvement.



Monitored Call
Scoring Live Calls 11-



Monitored Call
Scoring for Recorded

Recommended QA Process for Screened Out Referrals – Addendum 12/30/15

1. Quality Assurance (QA) staff, in coordination with Hotline supervisors, reviews a statistically significant number of screened out referrals for a minimum of 90-day period beginning no later than **February 29, 2016**. From this review, the QA staff and Hotline supervisors develop a plan to address any deficiencies noted through the analysis of data and patterns identified.
2. The resulting plan must include unit QA processes, such as training on areas identified as needing additional supports. A Hotline PIP for screened out referrals may include, but is not limited to, recommending Hotline supervisors review X percent of screened out referrals to determine changes in decision making based on safety.
 - Each unit supervisor reviews X percent of the screened out referrals for a designated supervisor for 30 business days and at the end of 30 business days the assignment rotates.
 - If a screen out disposition concern is noted, it is staffed with the Hotline director or CPS Programs lead for final review.
 - If an issue is noted with a specific Hotline supervisor, the Hotline director or CPS Programs staff provides additional training and teachable moments to that particular supervisor.
 - Documentation of activities are reviewed a minimum of monthly by the Hotline director and CPS Programs lead and reported to the CW Programs deputy director.
 - QA staff is engaged as necessary for additional supports.

Appendix H: Placement Disruption Protocol

New Removals:

1. The child welfare (CW) specialist:
 - a) completes the AOCS during the investigation to determine resources and supports needed for the child;
 - b) conducts a Child Safety Meeting (CSM) to identify needed services to support the child and foster family to ensure placement stability;
 - c) informs the resource specialist of the child's needs upon the identification of the foster home;
 - d) staffs with the resource specialist to determine resources and supports to assist and ensure placement stability in the foster home;
 - e) offers and provides a detailed description of CHBS-Managing Child Behavior (MCB), SOC, and other resources and supports available in the community to the foster family;
 - f) submit referrals for services;
 - i. enters CHBS-Maintain Placement referral in KIDS in the KK case for the child, if applicable; or
 - ii. completes SOC referral electronically at www.odmhsas.org, if applicable.
2. The OCS Liaison:
 - a) processes the CHBS referral;
 - b) contacts the CHBS provider; and
 - c) notifies the CW specialist on the acceptance or denial of the referral within 24 hours; and
 - d) recommends and links the CW specialist to services when CHBS is denied.
3. CHBS provider: if applicable
 - a) contacts and coordinates with the CW specialist to schedule an intake staffing with the family within 48 to 72 hours of acceptance of referral;
 - b) conducts mandatory monthly staffings between the CW specialist and the CHBS provider. Youth, biological, and foster parents attend staffings when recommended by the CW specialist or CHBS provider; and
 - c) delivers a minimum of 90 days of care coordination to the child and foster family.
4. SOC provider: if applicable
 - a) notifies the CW specialist on the receipt of the referral within 24 to 48 hours;
 - b) contacts and coordinates with the CW specialist and family to schedule a meeting within 5 business days;
 - c) conducts family team meetings monthly, at minimum, including the CW specialist, care coordinator, family support provider, service providers and natural supports; and

- d) delivers a minimum of nine months of care coordination to the child and foster family.

Initial Notification of Placement Issues:

1. The child welfare (CW) specialist:
 - a) Identifies and determines instability within the foster home;
 - b) consults with the resource specialist regarding the instability in the foster home;
 - c) requests and conducts a Family Team Meeting (FTM) to identify needed services to support the child and foster family to ensure placement stability;
 - d) provides a detailed description about CHBS-Managing Child's Behavior (MCB) to the foster parent;
 - e) enters a referral in KIDS for CHBS-Maintain Placement; and
 - f) contacts the Region OCS liaison via phone or email upon completion of the CHBS-Maintain Placement referral in KIDS. When the Region OCS liaison is not available the child welfare specialist supervisor contacts Cortney Hutson via email or by phone at 918-684-5370 (office) or 918-616-2367 (cell) OR Jennifer Brown via email or by phone at 405-522-0333 (office) or 405-248-8359 (cell).
2. The OCS liaison:
 - a) processes the referral;
 - b) contacts with the CHBS provider to ensure the referral is assigned within 24 hours;
 - c) notifies the CW specialist on the acceptance or denial within 24 of the referral; and
 - d) recommends and links the CW specialist to services when CHBS is denied.
3. The CHBS provider:
 - a) contacts and coordinates the CW specialist to schedule an intake staffing with the family within 48 to 72 hours of acceptance of referral;
 - b) conducts mandatory monthly staffings between the CW specialist and the CHBS provider. Youth, biological, and foster parents attend staffings when recommended by the CW specialist or CHBS provider; and
 - c) delivers a minimum of 90 days of care coordination to the child and foster family.

Placement Disruption is Imminent:

1. The child welfare (CW) specialist:
 - a) inquires about the situation resulting in instability within the foster home;
 - b) contacts NorthCare's mobile stabilization team at 405-858-2700;

- c) informs the NorthCare professional about the instability occurring in the foster home.
 - d) staffs with the resource specialist or supported resource specialist regarding the instability in the foster home;
 - e) receives notification from NorthCare on level of care coordination provided through CHBS or SOC;
 - f) requests and conducts a FTM to identify needed services to support the child and foster family to ensure placement stability;
 - g) enters a referral in KIDS for CHBS-Maintain Placement, if applicable; and
 - h) contacts the Region OCS liaison via phone or email upon completion of the CHBS-Maintain Placement referral in KIDS. When the Region OCS liaison is not available the child welfare specialist supervisor contacts Cortney Hutson via email or by phone at 918-684-5370 (office) or 918-616-2367 (cell) OR Jennifer Brown via email or by phone at 405-522-0333 (office) or 405-248-8359 (cell);
2. The NorthCare Professional:
- a) contacts the foster family via telephone in attempt to resolve the issue in the foster home;
 - b) schedules an appointment with the CW specialist and foster family within 24 hours if when the issue is resolved via phone;
 - c) coordinates a meeting with CW specialist and foster family within 2 hours when issue is not resolved via phone; and
 - d) determines the level of care coordination needed by the child and foster family.

Placement Disruption Occurred:

1. The child welfare (CW) specialist:
- a) evaluates the needs of the child to determine resources and supports;
 - b) requests and conducts a FTM to identify needed services to support the child and foster family to ensure placement stability;
 - c) consults with Northcare and the resource specialist to determine resources and supports needed to assist and ensure placement stability in the new foster home;
 - d) provides a detailed description about CHBS-MCB to the new foster parent;
 - e) enters a referral in KIDS for CHBS-Maintain Placement; and
 - f) contacts the Region OCS liaison via phone or email upon completion of the CHBS-Maintain Placement referral in KIDS. When Region 1 OCS liaison is not available the child welfare specialist supervisor contacts Cortney Hutson via email or by phone at 918-684-5370 (office) or 918-616-2367 (cell) OR Jennifer Brown via email or by phone at 405-522-0333 (office) or 405-248-8359 (cell).

2. The OCS liaison:
 - a) processes the referral;
 - b) contacts with the CHBS provider to ensure the referral is assigned within 24 hours;
 - c) notifies the CW specialist on the acceptance or denial of the referral within 24 hours; and
 - d) recommends and links the CW specialist to services when CHBS is denied.
3. The CHBS provider:
 - a) contacts and coordinates with the CW specialist to schedule an intake staffing with the new foster family within 48 to 72 hours;
 - b) conducts mandatory monthly staffings between the CW specialist and the CHBS provider. Youth, biological, and foster parents attend staffings when recommended by the CW specialist or CHBS provider.
 - c) delivers a minimum of 90 days of care coordination to the child and new foster family; and
4. If the foster home declines or it is determined CHBS is not the right service for the child and family, the OCS liaison recommends and links the CW specialist to needed resources and supports for the child and foster family to ensure placement stability.

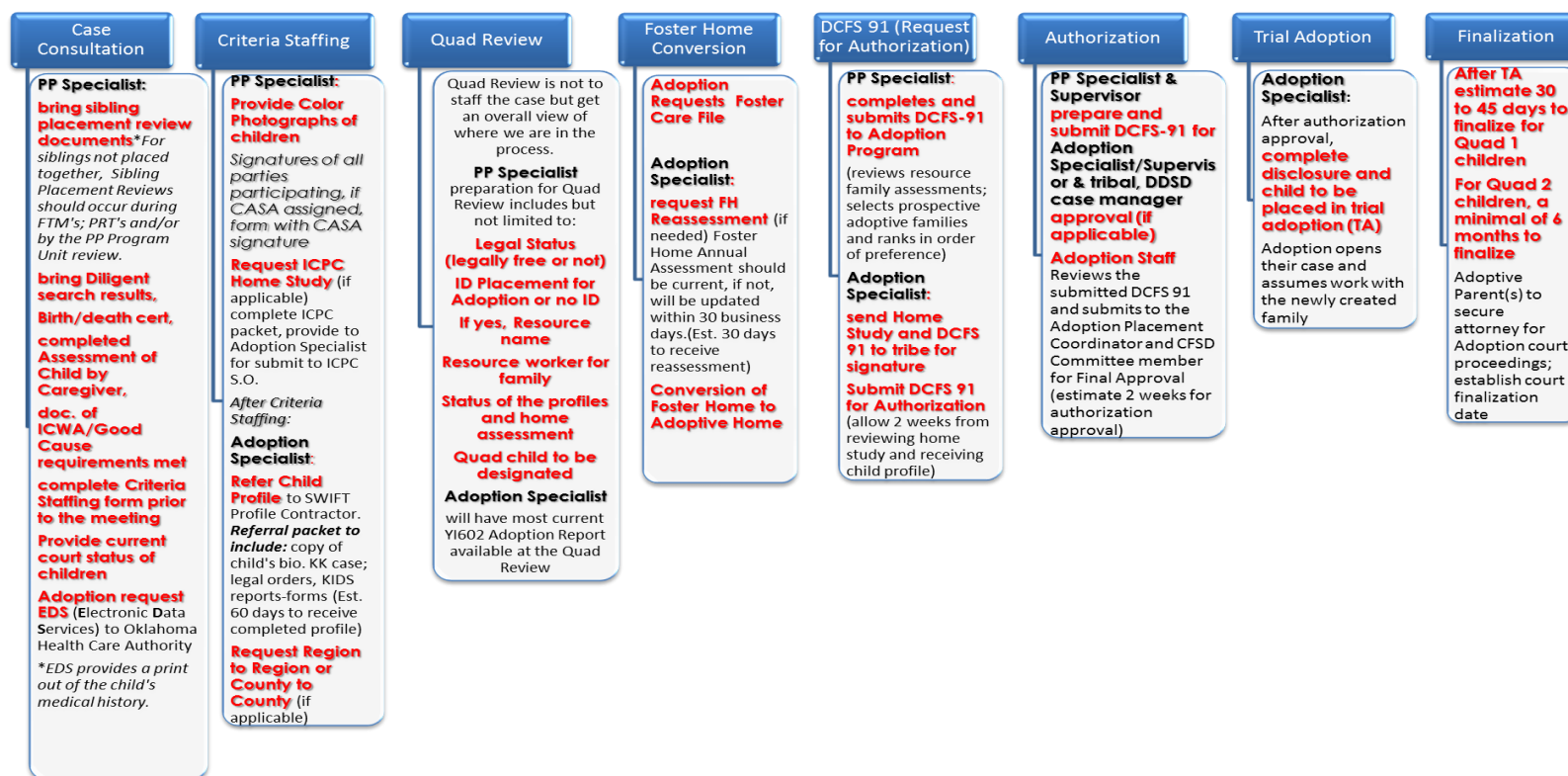
Stabilization Efforts for Children Exiting Higher Levels of Care into Kinship, Regular or Supported Foster Care:

1. The child welfare (CW) specialist:
 - a) ensures discharge plans are in place between the current placement provider, new foster home, and resource specialist;
 - b) evaluates the needs of the child to determine resources and supports;
 - c) requests and conducts a family team meeting to identify needed services to support the child and foster family to ensure placement stability;
 - d) consults with the resource specialist to determine resources and supports needed to assist and ensure placement stability in the new foster home;
 - e) offers and provides a detailed description of CHBS-MCB, SOC, and other resources and supports available in the community to the foster family;
 - f) submit referrals for services; and
 - i. enters CHBS-Maintain Placement referral in KIDS in the KK case for the child, if applicable; or
 - ii. completes SOC referral electronically at www.odmhsas.org, if applicable.
2. The OCS Liaison:
 - a) processes the CHBS referral;
 - b) contacts the CHBS provider; and

- c)** notifies the child welfare specialist on the acceptance or denial of the referral within 24hours.
 - d)** If the foster home declines or it is determined CHBS is not the right service for the child and family, the OCS liaison recommends and links the CW specialist to needed resources and supports for the child and foster family to ensure placement stability.
- 3.** CHBS provider:
 - a)** contacts and coordinates with the CW specialist to schedule an intake staffing with the foster family within 48 to 72 hours;
 - b)** conducts mandatory monthly staffings between the CW specialist and the CHBS provider. Youth, biological, and foster parents attend staffings when recommended by the child welfare specialist or CHBS provider; and
 - c)** delivers a minimum of 90 days of care coordination to the child and foster family.
- 4.** SOC provider:
 - a)** notifies the CW specialist within 24 to 48 hours on the receipt of the referral;
 - b)** contacts and coordinates with the child welfare specialist and family to schedule a meeting within 5 business days;
 - c)** conducts family team meetings monthly, at minimum, including the CW specialist, care coordinator, family support provider, service providers and natural supports; and
 - d)** delivers a minimum of nine months of care coordination to the child and foster family.

Appendix I: Road to Finalization Map

PLEASE USE THE TOP HEADERS ON THIS FORM DURING QUAD REVIEWS OR ADOPTION STAFFINGS TO SIMPLY REFERENCE WHERE CURRENT EFFORTS ARE BEING MADE. Under each of the headers below, in no particular order, are general activities involved in our efforts to achieve adoption. The target dates to complete for identified tasks will be determined during the quad review or staffings. Please refer to applicable policy 340-75-6-85.4 ITS; 340-75-15-6 ITS; 340-75-6-85.3; 340-75-6-31.1 ITS; 340-75-13-9; 340-75-1-26.2



Glossary 1: Acronyms

ATAT	Adoption Timeliness Accountability Team
CANH	Child Abuse and Neglect Hotline
CAP	Corrective Action Plan
CHBS	Comprehensive Home-Based Services
CPS	Child Protective Services
CQI	Department of Human Services Continuous Quality Improvement
CSA	Compromise and Settlement Agreement
CWS³²	Child Welfare Specialist
DDS	Developmental Disabilities Services
DHS	Oklahoma Department of Human Services
FAS	Facility Action Step
FFY	Federal Fiscal Year
FSP	Facility Services Plan
ITS	Instructions to Staff
LD	Laura Dester Shelter (state-operated)
MIC	Maltreatment in Care
MST	Mobile Stabilization Team
NCANDS	National Child Abuse and Neglect Data System
OAYS	Oklahoma Association of Youth Services
OCA	Department of Human Services Office of Client Advocacy
ODMHSA	Oklahoma Department of Mental Health and Substance Abuse
OHCA	Oklahoma Health Care Authority

³² CWS additionally is the acronym for Child Welfare Services – the agency within DHS that is charged with improving the safety, permanence and well-being of children and families involved in the Child Welfare system.

PEM	Pauline E. Mayer Shelter (state-operated)
RFP	Request for Proposals
RFP	Resource Family Placement
PRT	Permanency Roundtable
PSC	Permanency Safety Consultation
SFY	State Fiscal Year
SPPU	Specialized Placements and Partnerships Unit
TFC	Therapeutic foster care
WPC	Written Plan of Compliance
YSA	Youth Services Agency